

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Medical Assistance Administration
Olympia, Washington

Effective for dates of service on and after November 1, 2004, the Medical Assistance Administration (MAA) will:

- Terminate the 24-hour rule; and
 - Implement the Outpatient Prospective Payment System (OPPS).

This memorandum also includes:

- Billing guidelines;
 - A new OPPS fee schedule;
 - A revised Outpatient Hospital fee schedule for the Outpatient Hospital Billing Instructions;
 - A revised Revenue Code grid; and
 - A revised Definitions section for the Outpatient Hospital Billing Instructions.

Termination of 24-hour Rule

Effective for dates of service on and after November 1, 2004, the Department of Social and Health Services (DSHS) will no longer use the "twenty-four hours or less" criteria for hospital admissions as previously defined by DSHS. To bring MAA's policies in line with healthcare industry standards and promote administrative simplicity for providers, MAA will determine the appropriateness of an inpatient admission using medical criteria rather than "twenty-four hours or less" criteria. MAA is currently using InterQual ISD® criteria as the benchmark for determining severity of illness and intensity of service.

General Billing Guidelines

Providers must bill MAA for outpatient hospital services the same way they bill Medicare for similar services.

HCPCS and Revenue Code Usage and Guidelines

Services identified by HCPCS codes have applicable rules and limitations.

These rules and limitations are currently published in:

- MAA's current Physician-Related Services Billing Instructions. Look in these billing instructions for specific information on HCPCS code-related rules including:
 - ✓ Allowable ICD-9-CM diagnosis codes;
 - ✓ Procedure code combinations; and
 - ✓ Provider limitations; and
- MAA's OPPS fee schedule in MAA's current Outpatient Hospital Services Billing Instructions. Look in this fee schedule for specific information on HCPCS codes, including:
 - ✓ Covered;
 - ✓ Non covered; and
 - ✓ Unit limitations.

MAA will incorporate the above mentioned rules and limitations in future editions of MAA's Outpatient Hospital Billing Instructions. MAA is currently revising these billing instructions and will publish them as soon as possible.

Billing Units of Service

Please bill MAA for the actual units of service provided, regardless of whether MAA's allowed number of units is met or exceeded. Claims must accurately reflect the number of actual units provided along with the appropriate revenue codes and procedure codes. MAA does not penalize you for reporting services provided above the allowed amount.

MAA appreciates your input on these limits. If you disagree with MAA's allowed amounts, please send a fax to: 360-753-9152, ATTN: OPPS Program. Be specific about which codes relate to the allowed amounts you would like evaluated as well as a suggestion as to what a reasonable allowed amount would be. Also, please provide rationale for your recommendation. MAA will periodically make changes to the limits as a result of provider comments and will notify providers of changes via MAA's OPPS website.

HCPCS Codes

MAA limits payment to one line of a claim when a HCPCS code is billed in conjunction with more than one revenue code for a single date of service. **Exception:** Physical and Occupational Therapy (revenue codes 042X and 043X) may both be billed on a single date of service in conjunction with the same HCPCS code.

For dates of service on and after December 1, 2004, MAA will no longer cover CPT code 36415. Use CPT code G0001.

Attached to this memorandum is the new Outpatient Hospital Fee Schedule.

Revenue Code Grid Changes

MAA made several changes to the revenue code grid to allow Medicare compliant billing and to enhance provider reimbursement under the OPPS methodology. **Effective for dates of service on and after December 1, 2004,** MAA will no longer cover the following revenue codes.

Non-covered Revenue Code	Suggested Revenue Code
0500	N/A
0760	Use either 0761 or 0762

Attached to this memorandum is a revised Revenue Code Grid.

Implementation of the Outpatient Prospective Payment System (OPPS)***What is OPPS? [Refer to WAC 388-550-7000]***

MAA's outpatient prospective payment system (OPPS) uses an ambulatory payment classification (APC) based reimbursement methodology as its primary reimbursement method. MAA has modeled its OPPS after the Centers for Medicare and Medicaid Services (CMS) Prospective Payment System for Hospital Outpatient Department Services, to pay certain hospitals for covered outpatient services provided to Medical Assistance clients.

For a complete description of the CMS outpatient hospital prospective payment system, see 42 CFR, Chapter IV, Part 419, et al. The Code of Federal Regulations (CFR) is available at <http://www.gpoaccess.gov/cfr/index.html>.

Who is exempt from OPPS? [Refer to WAC 388-550-7100]

MAA exempts the following hospitals from the initial implementation of MAA's OPPS:

- Cancer hospitals;
- Critical access hospitals;
- Free-standing psychiatric hospitals;
- Out-of-state hospitals (border-area hospitals are considered in-state hospitals);
- Pediatric hospitals;
- Peer group A hospitals;
- Rehabilitation hospitals; and
- Veterans' and military hospitals.

Payment Method Determination [Refer to WAC 388-550-7200]

MAA's payment method will be determined by which HCPCS code is on the claim line(s). MAA will pay OPPS hospitals using the following methods in the following order:

- The APC method is used to pay for covered services for which CMS has established an APC weight or a national payment rate.
- The fee schedule is used to pay for covered services for which there is no established APC weight or nationwide payment rate and for services exempted from APC payment.
- The hospital outpatient rate, as described in WAC 388-550-4500, is used to pay for the covered services for which neither an APC weight, a nationwide payment rate, or a fee has been established.

See MAA's OPPS fee schedule for a list of all procedures and their associated fees. This fee schedule is available on MAA's website at: <http://maa.dshs.wa.gov/hrates/oppss/index.html>.

Payment Limitations [Refer to WAC 388-550-7300]

MAA does not make a separate payment for services that are packaged into the APC rates.

OPPS Payment Calculation [Refer to WAC 388-550-7600]

MAA follows CMS's discounting and modifier policies and calculates the APC payment as follows:

$$\begin{aligned} \text{APC payment} = & \\ \text{APC relative weight} & \times \text{OPPS conversion factor} \times \\ \text{Discount factor (if applicable)} & \times \text{Units of service (if applicable)} \times \\ & \quad \text{Budget target adjustor} \end{aligned}$$

The total OPPS claim payment is the sum of:

- The APC payments; and
- The lesser of billed charges or allowed charges for all non APC services.

Observation Services

- MAA reimburses separately for observation services when:
 - ✓ They are medically necessary for eight hours or more and
 - ✓ Both the ICD-9-CM diagnosis code and HCPCS code are covered by MAA.
- MAA does not use Medicare's observation diagnosis list or diagnostic test requirements to restrict payment for observation services.

Denied Lines

If MAA has denied a line of service in error, the entire claim must be adjusted. MAA will not allow single line adjustments for OPPS providers.

Definitions

MAA has added new OPPS-specific definitions to the Outpatient Hospital Billing Instructions. Attached to this memorandum is a revised Definitions section for MAA's Outpatient Hospital Billing Instructions.

About the OPPS Fee Schedule

This fee schedule is intended to supply hospital providers with coverage, rate, and unit limitation information for services provided in a hospital and billed on a hospital claim. This document does not attempt to relay the policies of the specific programs that govern the service. Please see the program-specific publications for authorization, client, and service eligibility information.

Billing Instructions Replacement Pages

Attached are replacement pages 1-6, E.1-E.24, and F.1-F.48 for MAA's current Outpatient Hospital Billing Instructions.

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

To request a free hard copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov/> (Orders filled daily)
Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → desired issuance; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-8831/telephone (360) 570-5024. (Orders may take up to 2 weeks to fill.)

Definitions

This section defines terms and acronyms used in these billing instructions.
Please refer to MAA's General Information Booklet for other definitions.

Alcoholism & Drug Addiction Treatment & Support Act (ADATSA) - The law and a state-funded program it established which provides medical services for persons who are incapable of gainful employment due to alcoholism or substance addiction.

Alternative Outpatient Payment - A payment calculated using a method other than the ambulatory payment classification (APC) method, such as the outpatient hospital rate or the fee schedule. [Refer to WAC 388-550-7050]

Ambulatory Payment Classification (APC) - A grouping that categorizes outpatient visits according to the clinical characteristics, the typical resource use, and the costs associated with the diagnoses and the procedures performed. [Refer to WAC 388-550-7050]

Ambulatory Payment Classification (APC) Weight - The relative value assigned to each APC. [Refer to WAC 388-550-7050]

Ambulatory Payment Classification (APC) Conversion Factor - A dollar amount that is one of the components of the APC payment calculation. [Refer to WAC 388-550-7050]

Assignment - A process in which a doctor or supplier agrees to accept the Medicare program's payment as payment in full, except for specific deductible and coinsurance amounts required of the patient.

Authorization Requirement - MAA's requirement that a provider present proof of medical necessity evidenced either by obtaining a prior authorization number or by using the expedited authorization process to create an authorization number.

Authorization Number - A nine-digit number, assigned by MAA that identifies individual requests for services or equipment. The same authorization number is used throughout the history of the request, whether it is approved, pended, or denied.

Budget Target - The amount of money appropriated by the legislature or through MAA's budget process to pay for a specific group of services including anticipated case load changes or vendor rate increases. [Refer to WAC 388-550-7050]

Budget Target Adjustor - The MAA specific multiplier applied to all payable ambulatory payment classifications (APCs) to allow MAA to reach and not exceed the established budget target. [Refer to WAC 388-550-7050]

Bundled Services - Interventions that are integral to the major procedure and are not reimbursable separately.

By Report (BR) – A method of reimbursement in which MAA determines the amount it will pay for a service when the rate for that service is not included in MAA’s published fee schedules. The provider must submit a “report” upon request that describes the nature, extent, time, effort and /or equipment necessary to deliver the service.

Carrier – The private organization (usually insurance companies) that has a contract with Health Care Financing Administration (HCFA) to review, approve or deny claims, then process the payment for Medicare Part B (medical insurance).

Client – A person who receives or is eligible to receive services through DSHS.

Code of Federal Regulations (CFR) - A codification of the general and permanent rules published in the federal register by the executive departments and agencies of the federal government.

Coinurance - The portion of reimbursable hospital and medical expenses, after subtraction of any deductible, which Medicare does not pay. Under Part A, coinsurance is a per day dollar amount. Under Part B, coinsurance is 20% of reasonable charges.

Community Services Office (CSO) - An office of the department that administers social and health services at the community level. [WAC 388-500-0005]

Core Provider Agreement – A basic contract that the Medical Assistance Administration (MAA) holds with providers serving MAA clients. The provider agreement outlines and defines terms of participation in the Medical Assistance program.

Current Procedural Terminology (CPT) – A systematic listing of descriptive terms and identifying codes for reporting medical services, procedures, and interventions performed by physicians. CPT is copyrighted and published annually by the American Medical Association (AMA).

Deductible – The amount a beneficiary is responsible for, before Medicare starts paying; or the initial specific dollar amount for which the applicant or client is responsible.

Department - The state Department of Social and Health Services [DSHS]. [WAC 388-500-0005]

Diagnosis Related Group (DRG) – A classification system that categorizes hospital inpatients into clinically coherent and homogenous groups with respect to resource use, i.e., similar treatments and statistically similar lengths of stay for patients with related medical conditions. Classification of patients is based on the International Classification of Diseases (ICD-9), the presence of a surgical procedure, patient age, presence or absence of significant complications or comorbidities, and other relevant criteria.

Discount Factor - The percentage applied to additional significant procedures when a claim has multiple significant procedures or when the same procedure is performed multiple times on the same day. Not all significant procedures are subject to a discount factor. [Refer to WAC 388-550-7050]

Emergency Services – Medical services required by and provided to a patient after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

For hospital reimbursement purposes, inpatient maternity services are treated as emergency services.

Expedited Prior Authorization - The process of authorizing selected services in which providers use a set of numeric codes to indicate to MAA which acceptable indications, conditions, diagnoses, and/or criteria are applicable to a particular request for services.

Expedited Prior Authorization Number – An authorization number created by the provider that certifies that MAA's published criteria for the service, supply, or equipment have been met.

Explanation of Benefits (EOB) - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

Explanation of Medicare Benefits (EOMB) - A federal report generated by Medicare for its providers that displays transaction information regarding Medicare claims processing and payments.

Fee-for-Service – The general payment method MAA uses to reimburse for covered medical services provided to medical assistance clients.

Hospital - An entity which is licensed as an acute care hospital in accordance with applicable state laws and regulations, and which is certified under Title XVIII of the federal Social Security Act.

ICD-9-CM (International Classification of Diseases, 9th Revision Clinical Modification Edition) – The systematic listing that transforms verbal descriptions of diseases, injuries, conditions and procedures into numerical or alphanumerical designations (coding).

Managed Care - A prepaid comprehensive system of medical and health care delivery including preventive, primary, specialty, and ancillary health services.
[WAC 388-538-050]

Maximum Allowable Fee (MAF) - The maximum dollar amount that a provider may be reimbursed by MAA for specific services, supplies, or equipment.

Medicaid - The state and federally funded aid program that covers the Categorically Needy (CNP) and Medically Needy (MNP) programs.

Medical Assistance Administration (MAA) - The administration within the Department of Social and Health Services (DSHS) authorized by the secretary to administer the acute care portion of the Title XIX Medicaid, Title XXI Children's Health Insurance Program (CHIP), and the state-funded medical care programs, with the exception of certain non-medical services for persons with chronic disabilities.

Medical Assistance IDentification

(MAID) card – MAID cards are the forms DSHS uses to identify clients of medical programs. MAID cards are good only for the dates printed on them. Clients will receive a MAID card in the mail each month they are eligible. These cards are also known as DSHS Medical ID cards or medical coupons.

Medical Management Information

System (MMIS) – The systems, structures, and programs that MAA uses to process medical claims.

Medical visit - Diagnostic, therapeutic, or consultative services provided to a client by a healthcare professional in an outpatient setting. [Refer to WAC 388-550-7050]

Medically Necessary - A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all. [WAC 388-500-0005]

Medicare - The federal government health insurance program for certain aged or disabled clients under Titles II and XVIII of the Social Security Act. Medicare has two parts – Part A and Part B.

"Part A" does not apply to Inpatient Hospital Services.

"Part B" is that part of the Medicare program that helps pay for, but is not limited to:

- Physician services;
- Outpatient hospital services;
- Diagnostic tests and imaging services;
- Outpatient physical therapy;
- Speech pathology services;
- Medical equipment and supplies;
- Ambulance;
- Mental health services; and
- Home health services.

Modifier - A two-digit alphabetic and/or numeric identifier that is added to the procedure code to indicate the type of service performed. The modifier provides the means by which the reporting hospital can describe or indicate that a performed service or procedure has been altered by some specific circumstance but not changed in its definition or code. The modifier can affect payment or be used for information only. Modifiers are listed in fee schedules. [Refer to WAC 388-550-7050]

Observation services - Services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by hospital staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for possible admission to the hospital as an inpatient. [Refer to WAC 388-550-7050]

Outpatient – A client who is receiving medical services in other than an inpatient hospital setting.

Outpatient Care – Medical care provided other than inpatient services in a hospital setting.

Outpatient code editor (OCE) - A software program published by 3M Health Information Systems that MAA uses for classifying and editing claims in ambulatory payment classification (APC) based OPPS.
[Refer to WAC 388-550-7050]

Outpatient Hospital – A hospital authorized by DSHS to provide outpatient services.

Outpatient prospective payment system (OPPS) - The payment system used by MAA to calculate reimbursement to hospitals for the facility component of outpatient services. This system uses ambulatory payment classifications (APCs) as the primary basis of payment.
[Refer to WAC 388-550-7050]

Pass-throughs - Certain drugs, devices, and biologicals, as identified by Centers for Medicare and Medicaid Services (CMS), for which providers are entitled to additional separate payment until the drugs, devices, or biologicals are assigned their own ambulatory payment classification (APC).
[Refer to WAC 388-550-7050]

Patient Identification Code (PIC) - An alphanumeric code that is assigned to each MAA client and consists of:

- a) First and middle initial (or a dash [-] must be entered if the middle initial is not indicated).
- b) Six-digit birthdate, consisting of *numerals only* (MMDDYY).
- c) First five letters/characters of the last name (use spaces if the last name is fewer than five letters or use a hyphen for hyphenated last names).
- d) Alpha or numeric character (tiebreaker).

Plan of Treatment/Care – The written plan of care for a patient which includes, but is not limited to, the physician's order for treatment and visits by the disciplines involved, the certification period, medications, and rationale for services ordered.

Principal Diagnosis - The medical condition determined, after study of the patient's medical records, to be the principal cause of the patient's hospital stay.

Principal Procedure - A procedure performed for definitive treatment, not for diagnostic, exploratory, or in treating a complication.

Prior Authorization – Approval required from MAA prior to providing certain medically necessary services, items, or supplies. *Expedited prior authorization and limitation extensions are types of prior authorization.*

Provider or Provider of Service - An institution, agency, or person:

- Having a signed agreement with the department to furnish medical care and goods and/or services to clients; and
- Eligible to receive payment from the department.

Provider Number – A seven-digit identification number issued to service providers who have signed the appropriate contract(s) with MAA.

Remittance And Status Report (RA) - A report produced by the claims processing system in the MAA's Division of Program Support that provides detailed information concerning submitted claims and other financial transactions.

Revenue Code – A nationally assigned 3-digit coding system for billing inpatient and outpatient hospital services, home health services, and hospice services.

Revised Code of Washington (RCW) - Washington State laws.

Selective Contracting Area (SCA) - An area in which hospitals participate in negotiated bidding for hospital contracts. The boundaries of an SCA are based on historical patterns of hospital use by MAA patients.

Short Stay - See "Outpatient Care."

SI - See "Status Indicator." [Refer to WAC 388-550-7050]

Significant procedure - A procedure, therapy, or service provided to a client that constitutes the primary reason for the visit to the healthcare professional. [Refer to WAC 388-550-7050]

Spenddown – The process of assigning excess income for the Medically Needy Program (MNP), or excess income and/or resources for the Medically Indigent Program (MIP), to the client's cost of medical care. The client must incur medical expenses equal to the excess income (spenddown) before medical care can be authorized. (***This definition is for hospitals only.***)

Status indicator (SI) - A one-digit identifier assigned to each service by the outpatient code editor (OCE) software. [Refer to WAC 388-550-7050]

Third Party - Any entity that is or may be liable to pay all or part of the medical cost of care of a federal Medicaid or state medical program client. [WAC 388-500-0005]

Title XIX - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid. [WAC 388-500-0005]

Transfer – To move a client from one acute care facility or distinct unit to another acute care facility or distinct unit.

UB-92 – The uniform billing document intended for use nationally by hospitals, non-hospital Level B acute PM&R nursing facilities, home health, and hospice agencies.

Usual & Customary Charge – The charge customarily made to the general public for a procedure or service, or the rate charged other contractors for the service if the general public is not served.

Washington Administrative Code (WAC) Codified rules of the State of Washington.

REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
010X	All Inclusive Rate				
0	All-Inclusive Room & Board plus Ancillary	L	N	NA	MAA Approved Long Term Acute Care Providers Only.
1	All-Inclusive Room & Board	N	N	NA	
011X	Room & Board - Private				
0	General Classification	SP	N	NA	
1	Medical/Surgical/Gyn	SP	N	NA	
2	OB	SP	N	NA	
3	Pediatric	SP	N	NA	
4	Psychiatric	L/SP	N	NA	Distinct Psychiatric Units & Freestanding Psychiatric Hospitals Only.
5	Hospice	N	N	NA	
6	Detoxification	N	N	NA	
7	Oncology	SP	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
012X	Room & Board - Semi-Private 2 Bed				
0	General Classification	Y	N	NA	
1	Medical/Surgical/Gyn	Y	N	NA	
2	OB	Y	N	NA	
3	Pediatric	Y	N	NA	
4	Psychiatric	L	N	NA	Distinct Psychiatric Units & Freestanding Psychiatric Hospitals Only
5	Hospice	N	N	NA	
6	Detoxification	L	N	NA	DASA Providers Only.
7	Oncology	Y	N	NA	
8	Rehabilitation	L	N	NA	MAA approved Acute Physical Medicine & Rehabilitation Providers Only.
9	Other	L	N	NA	Chemically-Using Pregnant (CUP) Women's Program, DASA/MAA Approved Providers Only.
Note: Please see Grid Legend on page E22.					

Grid is not intended to be a reflection of all policies related to these codes. Please see appropriate billing instructions and Washington Administrative Code (WAC) for complete policy.

REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
013X	Room & Board - Semi-Private 3-4 Beds				
0	General Classification	Y	N	NA	
1	Medical/Surgical/Gyn	Y	N	NA	
2	OB	Y	N	NA	
3	Pediatric	Y	N	NA	
4	Psychiatric	L	N	NA	Distinct Psychiatric Units & Freestanding Psychiatric Hospitals Only
5	Hospice	N	N	NA	
6	Detoxification	L	N	NA	DASA Providers Only
7	Oncology	Y	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
014X	Room & Board - Private (Deluxe)				
0	General Classification	SP	N	NA	
1	Medical/Surgical/Gyn	SP	N	NA	
2	OB	SP	N	NA	
3	Pediatric	SP	N	NA	
4	Psychiatric	L/SP	N	NA	Distinct Psychiatric Units & Freestanding Psychiatric Hospitals Only
5	Hospice	N	N	NA	
6	Detoxification	N	N	NA	
7	Oncology	SP	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING

(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
015X	Room & Board - Ward				
0	General Classification	L	N	NA	Military Hospitals Only.
1	Medical/Surgical/Gyn	N	N	NA	
2	OB	N	N	NA	
3	Pediatric	N	N	NA	
4	Psychiatric	N	N	NA	
5	Hospice	N	N	NA	
6	Detoxification	L	N	NA	DASA Providers Only.
7	Oncology	N	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
016X	Room & Board - Other				
0	General Classification	L	N	NA	Military Hospitals for Subsistence Only.
4	Sterile Environment	N	N	NA	
7	Self Care	N	N	NA	
9	Other	L	N	NA	Administrative Days - paid at state-wide weighted average nursing home rate.
017X	Nursery				
0	General Classification	Y	N	NA	
1	Newborn - Level I	Y	N	NA	
2	Newborn - Level II	Y	N	NA	
3	Newborn- Level III	Y	N	NA	
4	Newborn - Level IV	Y	N	NA	
9	Other Nursery	N	N	NA	
018X	Leave of Absence				
0	General Classification	N	N	NA	
1	RESERVED	NA	NA	NA	
2	Patient Convenience	N	N	NA	
3	Therapeutic Leave	N	N	NA	
4	RESERVED	NA	NA	NA	
5	Hospitalization	N	N	NA	
9	Other Leave of Absence	N	N	NA	

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
019X	Subacute Care				
0	General Classification	N	N	NA	
1	Subacute Care - Level I	N	N	NA	
2	Subacute Care - Level II	N	N	NA	
3	Subacute Care - Level III	N	N	NA	
4	Subacute Care - Level IV	N	N	NA	
9	Other Subacute Care	N	N	NA	
020X	Intensive Care				
0	General Classification	Y	N	NA	
1	Surgical	Y	N	NA	
2	Medical	Y	N	NA	
3	Pediatric	Y	N	NA	
4	Psychiatric	L	N	NA	Medicare Certified Psychiatric Intensive Care Units
6	Intermediate ICU	Y	N	NA	
7	Burn Care	Y	N	NA	
8	Trauma	Y	N	NA	
9	Other Intensive Care	N	N	NA	
021X	Coronary Care				
0	General Classification	Y	N	NA	
1	Myocardial Infarction	Y	N	NA	
2	Pulmonary Care	Y	N	NA	
3	Heart Transplant	L	N	NA	MAA Approved Centers of Excellence
4	Intermediate CCU	Y	N	NA	
9	Other Coronary Care	N	N	NA	
022X	Special Charges				
0	General Classification	N	N	NA	
1	Admission Charge	N	N	NA	
2	Technical Support Charge	N	N	NA	
3	U.R. Service Charge	N	N	NA	
4	Late Discharge, Medically Necessary	N	N	NA	
9	Other Special Charges	N	N	NA	

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
023X	Incremental Nursing Charge Rate				
0	General Classification	N	N	NA	
1	Nursery	N	N	NA	
2	OB	N	N	NA	
3	ICU	N	N	NA	
4	CCU	N	N	NA	
5	Hospice	N	N	NA	
9	Other	N	N	NA	
024X	All Inclusive Ancillary				
0	General Classification	N	N	NA	
1	Basic	N	N	NA	
2	Comprehensive	N	N	NA	
3	Specialty	N	N	NA	
9	Other All Inclusive Ancillary	N	N	NA	
025X	Pharmacy (also see 063X, an extension of 025X)				
0	General Classification	Y	R	NR	
1	Generic Drugs	Y	R	NR	
2	Non-generic Drugs	Y	R	NR	
3	Take Home Drugs	N	N	NA	
4	Drugs Incident to Other Diagnostic Services	Y	R	NR	
5	Drugs Incident to Radiology	Y	R	NR	
6	Experimental Drugs	N	N	NA	
7	Non-prescription	Y	R	NR	
8	IV Solutions	Y	R	NR	
9	Other Pharmacy	N	N	NA	
026X	IV Therapy				
0	General Classification	Y	R	REQ	
1	Infusion Pump	Y	R	REQ	
2	IV Therapy/Pharmacy Svcs	Y	R	REQ	
3	IV Therapy/Drug/Supply Delivery	Y	R	REQ	
4	IV Therapy/Supplies	Y	R	NR	
9	Other IV Therapy	N	N	NA	

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
027X	Medical/Surgical Supplies & Devices (also see 062X, an extension of 027X)				
0	General Classification	Y	R	NR	
1	Non-Sterile Supply	Y	R	NR	
2	Sterile Supply	Y	R	NR	
3	Take Home Supplies	N	N	NA	
4	Prosthetic/Orthotic Devices	N	N	REQ	
5	Pacemaker	Y	R	NR	
6	Intraocular Lens	Y	R	NR	
7	Oxygen - Take Home	N	N	NA	
8	Other Implant	Y	R	NR	
9	Other Supplies/Devices	N	R	REQ	Not reimbursed if HCPCS begins with "L" or is a misc code.
028X	Oncology				
0	General Classification	Y	R	REQ	
9	Other Oncology	N	N	NA	
029X	Durable Medical Equipment (Other Than Renal)				
0	General Classification	N	R	REQ	
1	Rental	N	N	NA	
2	Purchase of New DME	N	N	NA	
3	Purchase of Used DME	N	N	NA	
4	Supplies/Drugs for DME Effectiveness (Home Health Agency only)	N	N	NA	
9	Other Equipment	N	N	NA	
030X	Laboratory				
0	General Classification	Y	F	REQ	
1	Chemistry	Y	F	REQ	
2	Immunology	Y	F	REQ	
3	Renal Patient (Home)	N	F	REQ	
4	Non-Routine Dialysis	Y	F	REQ	
5	Hematology	Y	F	REQ	
6	Bacteriology & Microbiology	Y	F	REQ	
7	Urology	Y	F	REQ	
9	Other Laboratory	N	N	NA	

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
031X	Laboratory - Pathological				
0	General Classification	Y	F	REQ	
1	Cytology	Y	F	REQ	
2	Histology	Y	F	REQ	
4	Biopsy	Y	F	REQ	
9	Other Laboratory Pathological	N	N	NA	
032X	Radiology - Diagnostic				
0	General Classification	Y	F	REQ	
1	Angiocardiography	Y	F	REQ	
2	Arthrography	Y	F	REQ	
3	Arteriography	Y	F	REQ	
4	Chest X-Ray	Y	F	REQ	
9	Other Radiology - Diagnostic	N	N	NA	
033X	Radiology - Therapeutic and/or Chemotherapy Administration				
0	General Classification	Y	F	REQ	
1	Chemotherapy Administration - Injected	Y	R	REQ	
2	Chemotherapy Administration - Oral	Y	R	REQ	
3	Radiation Therapy	Y	F	REQ	
5	Chemotherapy Administration - IV	Y	R	REQ	
9	Other Radiology - Therapeutic	N	N	NA	
034X	Nuclear Medicine				
0	General Classification	Y	F	REQ	
1	Diagnostic Procedures	Y	F	REQ	
2	Therapeutic Procedures	Y	F	REQ	
3	Diagnostic Radiopharmaceuticals	Y	F	REQ	
4	Therapeutic Radiopharmaceuticals	Y	F	REQ	
9	Other Nuclear Medicine	N	N	NA	
035X	CT Scan				
0	General Classification	Y	F	REQ	
1	Head Scan	Y	F	REQ	
2	Body Scan	Y	F	REQ	
9	Other CT Scan	N	N	NA	

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
036X	Operating Room Services				
0	General Classification	Y	R	REQ	
1	Minor Surgery	Y	R	REQ	
2	Organ Transplant - Other Than Kidney	L	N	NA	MAA Approved Centers of Excellence
7	Kidney Transplant	L	N	NA	MAA Approved Centers of Excellence
9	Other Operating Room Services	N	N	NA	
037X	Anesthesia				
0	General Classification	Y	R	NR	
1	Anesthesia Incident to Radiology	Y	R	NR	
2	Anesthesia Incident to Other Diagnostic Services	Y	R	NR	
4	Acupuncture	N	N	NA	
9	Other Anesthesia	N	N	NA	
038X	Blood				
0	General Classification	N	N	NA	
1	Packed Red Cells	N	N	NA	
2	Whole Blood	N	N	NA	
3	Plasma	N	N	NA	
4	Platelets	N	N	NA	
5	Leucocytes	N	N	NA	
6	Other Components	N	N	NA	
7	Other Derivatives (Cryoprecipitates)	N	N	NA	
9	Other Blood	N	N	NA	
039X	Blood and Blood Component Administration, Processing & Storage				
0	General Classification	Y	R	REQ	
1	Administration (e.g., transfusions)	Y	R	REQ	
9	Other Processing and Storage	N	N	NA	
040X	Other Imaging Services				
0	General Classification	Y	F	REQ	
1	Diagnostic Mammography	Y	F	REQ	
2	Ultrasound	Y	F	REQ	
3	Screening Mammography	N	F	REQ	
4	Positron Emission Tomography	Y	F	REQ	
9	Other Imaging Services	N	N	NA	

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
041X	Respiratory Services				
0	General Classification	Y	R	REQ	
2	Inhalation Services	Y	R	REQ	
3	Hyperbaric Oxygen Therapy	Y	R	REQ	
9	Other Respiratory Services	N	N	NA	
042X	Physical Therapy				
0	General Classification	Y	F	REQ	
1	Visit Charge	Y	F	REQ	
2	Hourly Charge	Y	F	REQ	
3	Group Rate	Y	F	REQ	
4	Evaluation or Re-evaluation	Y	F	REQ	
9	Other Physical Therapy	N	N	NA	
043X	Occupational Therapy				
0	General Classification	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
1	Visit Charge	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
2	Hourly Charge	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
3	Group Rate	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
4	Evaluation or Re-evaluation	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
9	Other Occupational Therapy	N	N	NA	
Note: Please see Diagnosis List for Occupational Therapy on page E23.					
044X	Speech-Language Pathology				
0	General Classification	Y	F	REQ	
1	Visit Charge	Y	F	REQ	
2	Hourly Charge	Y	F	REQ	
3	Group Rate	Y	F	REQ	
4	Evaluation or Re-evaluation	Y	F	REQ	
9	Other Speech-Language Pathology	N	N	NA	
Note: Please see Grid Legend on page E22.					

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
045X	Emergency Room				
0	General Classification	Y	R	REQ	
1	EMTALA Emergency Medical Screening Svcs	N	N	NA	
2	ER Beyond EMTALA Screening	N	N	NA	
6	Urgent Care	Y	R	REQ	
9	Other Emergency Room	N	N	NA	
046X	Pulmonary Function				
0	General Classification	Y	R	REQ	
9	Other Pulmonary Function	N	N	NA	
047X	Audiology				
0	General Classification	N	F	REQ	
1	Diagnostic	N	F	REQ	
2	Treatment	N	F	REQ	
9	Other Audiology	N	N	NA	
048X	Cardiology				
0	General Classification	Y	R	REQ	
1	Cardiac Cath Lab	Y	R	REQ	
2	Stress Test	Y	F	REQ	
3	Echocardiology	Y	F	REQ	
9	Other Cardiology	N	N	NA	
049X	Ambulatory Surgical Care				
0	General Classification	Y	R	REQ	
9	Other Ambulatory Surgical Care	N	N	NA	
050X	Outpatient Services				
0	General Classification	Y	N	NA	Noncovered for date of service on or after 12/1/04
9	Other Outpatient Service	N	N	NA	

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
051X	Clinic				
0	General Classification	N	L/O	REQ	MAA OPPS Providers only.
1	Chronic Pain Center	L	N	NA	MAA Approved Inpatient Pain Programs
2	Dental Clinic	N	L/O	REQ	MAA OPPS Providers only
3	Psychiatric Clinic	N	N	NA	
4	OB-GYN Clinic	N	N	NA	
5	Pediatric Clinic	N	N	NA	
6	Urgent Care Clinic	N	N	NA	
7	Family Practice Clinic	N	N	NA	
9	Other Clinic	N	L/O	REQ	MAA OPPS Providers only.
052X	Free-Standing Clinic				
0	General Classification	N	N	NA	
1	Rural Health - Clinic	N	N	NA	
2	Rural Health - Home	N	N	NA	
3	Family Practice Clinic	N	N	NA	
6	Urgent Care Clinic	N	N	NA	
9	Other Free-Standing Clinic	N	N	NA	
053X	Osteopathic Services				
0	General Classification	N	N	NA	
1	Osteopathic Therapy	N	N	NA	
9	Other Osteopathic Services	N	N	NA	
054X	Ambulance				
0	General Classification	N	N	NA	
1	Supplies	N	N	NA	
2	Medical Transport	N	N	NA	
3	Heart Mobile	N	N	NA	
4	Oxygen	N	N	NA	
5	Air Ambulance	N	N	NA	
6	Neonatal Ambulance Services	L	N	NA	MAA Approved Neonatal Transport Teams.
7	Pharmacy	N	N	NA	
8	Telephone Transmission EKG	N	N	NA	
9	Other Ambulance	N	N	NA	

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
055X	Skilled Nursing				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
9	Other Skilled Nursing	N	N	NA	
056X	Medical Social Services				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
9	Other Medical Social Services	N	N	NA	
057X	Home Health - Home Health Aide				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
9	Other Home Health Aide	N	N	NA	
058X	Home Health - Other Visits				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
3	Assessment	N	N	NA	
9	Other Home Health Visit	N	N	NA	
059X	Home Health - Units of Service				
0	General Classification	N	N	NA	
9	Home Health Other Units	N	N	NA	
060X	Home Health - Oxygen				
0	General Classification	N	N	NA	
1	Oxygen - State/Equip/Suppl/or Cont	N	N	NA	
2	Oxygen - State/Equip/Suppl/Under 1 LPM	N	N	NA	
3	Oxygen - State/Equip/Over 4 LPM	N	N	NA	
4	Oxygen - Portable Add-on	N	N	NA	
9	Other Oxygen	N	N	NA	

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
061X	Magnetic Resonance Technology (MRT)				
0	General Classification	Y	F	REQ	
1	MRI - Brain (Including Brainstem)	Y	F	REQ	
2	MRI - Spinal Cord (Including Spine)	Y	F	REQ	
3	RESERVED	NA	NA	NA	
4	MRI - Other	Y	F	REQ	
5	MRA - Head and Neck	Y	F	REQ	
6	MRA - Lower Extremities	Y	F	REQ	
7	RESERVED	NA	NA	NA	
8	MRA - Other	Y	F	REQ	
9	Other MRT	N	N	NA	
062X	Medical/Surgical Supplies - Extension of 027X				
1	Supplies Incident to Radiology	Y	F	REQ	
2	Supplies Incident to Other Diagnostic Services	Y	F	REQ	
3	Surgical Dressings	Y	R	NR	
4	FDA Investigational Devices	N	N	NA	
063X	Pharmacy - Extension of 025X				
0	RESERVED	NA	NA	NA	
1	Single Source Drug	Y	R	REQ	
2	Multiple Source Drug	Y	R	REQ	
3	Restrictive Prescription	Y	R	REQ	
4	Erythropoietin (EPO) less than 10,000 units	Y	R	REQ	
5	Erythropoietin (EPO) 10,000 or more units	Y	R	REQ	
6	Drugs Requiring Detailed Coding	Y	R	REQ	
7	Self-administrable Drugs	Y	R	NA	

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
064X	Home IV Therapy Services				
0	General Classification	N	N	NA	
1	Non-Routine Nursing, Central Line	N	N	NA	
2	IV Site Care, Central Line	N	N	NA	
3	IV Start/Change, Peripheral Line	N	N	NA	
4	Non-Routine Nursing, Peripheral Line	N	N	NA	
5	Training, Patient/Caregiver, Central Line	N	N	NA	
6	Training, Disabled Patient, Central Line	N	N	NA	
7	Training, Patient/Caregiver, Peripheral Line	N	N	NA	
8	Training, Disabled Patient, Peripheral Line	N	N	NA	
9	Other IV Therapy Services	N	N	NA	
065X	Hospice Services				
0	General Classification	N	N	NA	
1	Routine Home Care	N	N	NA	
2	Continuous Home Care	N	N	NA	
3	RESERVED	NA	NA	NA	
4	RESERVED	NA	NA	NA	
5	Inpatient Respite Care	N	N	NA	
6	General Inpatient Care (Non-Respite)	N	N	NA	
7	Physician Services	N	N	NA	
8	Hospice Room & Board - Nursing Facility	N	N	NA	
9	Other Hospice Services	N	N	NA	
066X	Respite Care				
0	General Classification	N	N	NA	
1	Hourly Charge/Nursing	N	N	NA	
2	Hourly Charge/Aide/Homemaker/Companion	N	N	NA	
3	Daily Respite Charge	N	N	NA	
9	Other Respite Care	N	N	NA	
067X	Outpatient Special Residence Charges				
0	General Classification	N	N	NA	
1	Hospital Based	N	N	NA	
2	Contracted	N	N	NA	
9	Other Special Residence Charge	N	N	NA	

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
068X	Trauma Response				
0	NOT USED	NA	NA	NA	
1	Level I	N	N	NA	
2	Level II	N	N	NA	
3	Level III	N	N	NA	
4	Level IV	N	N	NA	
9	Other Trauma Response	N	N	NA	
069X	Not Assigned				
070X	Cast Room				
0	General Classification	Y	R	NR	
9	Other Cast Room	N	N	NA	
071X	Recovery Room				
0	General Classification	Y	R	NR	
9	Other Recovery Room	N	N	NA	
072X	Labor Room/Delivery				
0	General Classification	Y	R	REQ	
1	Labor	Y	R	REQ	
2	Delivery	Y	R	REQ	
3	Circumcision	N	N	NA	
4	Birthing Center	Y	R	REQ	
9	Other Labor Room/Delivery	N	N	NA	
073X	EKG/ECG (Electrocardiogram)				
0	General Classification	Y	F	REQ	
1	Holter Monitor	Y	F	REQ	
2	Telemetry	Y	F	REQ	
9	Other EKG/ECG	N	N	NA	
074X	EEG (Electroencephalogram)				
0	General Classification	Y	F	REQ	
9	Other EEG	N	N	NA	
075X	Gastro-Intestinal Services				
0	General Classification	Y	R	REQ	
9	Other Gastro-Intestinal	N	N	NA	

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
076X	Treatment/Observation Room				
0	General Classification	*Y	N	NA	Non-covered for date of service on or after 12/1/04. * = units must represent hours of service
1	Treatment Room	*Y	R	REQ	* = units must represent hours of service
2	Observation Room	*Y	R	REQ	* = units must represent hours of service
9	Other Treatment/Observation Room	N	N	NA	
077X	Preventive Care Services				
0	General Classification	N	N	NA	
1	Vaccine Administration	N	N	NA	
9	Other Preventive Care Services	N	N	NA	
078X	Telemedicine				
0	General Classification	N	N	NA	
9	Other Telemedicine	N	F	REQ	
079X	Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)				
0	General Classification	Y	R	REQ	
9	Other ESWT	N	N	NA	
080X	Inpatient Renal Dialysis				
0	General Classification	Y	NA	NA	
1	Inpatient Hemodialysis	Y	NA	NA	
2	Inpatient Peritoneal (Non-CAPD)	Y	NA	NA	
3	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	Y	NA	NA	
4	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	Y	NA	NA	
9	Other Inpatient Dialysis	N	NA	NA	
081X	Acquisition of Body Components				
0	General Classification	Y	R	REQ	
1	Living Donor	Y	R	REQ	
2	Cadaver Donor	Y	R	REQ	
3	Unknown Donor	N	N	NA	
4	Unsuccessful Organ Search - Donor Bank Charges	N	N	NA	
9	Other Donor	N	N	NA	

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
082X	Hemodialysis - Outpatient or Home				
0	General Classification	N	R	REQ	
1	Hemodialysis/Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100% (Home)	N	N	NA	
5	Support Services (Home)	N	N	NA	
9	Other Outpatient Hemodialysis (Home)	N	N	NA	
083X	Peritoneal Dialysis - Outpatient or Home				
0	General Classification	N	R	REQ	
1	Peritoneal /Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100% (Home)	N	N	NA	
5	Support Services (Home)	N	N	NA	
9	Other Outpatient Peritoneal Dialysis (Home)	N	N	NA	
084X	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home				
0	General Classification	N	R	REQ	
1	CAPD/Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100% (Home)	N	N	NA	
5	Support Services (Home)	N	N	NA	
9	Other Outpatient CAPD (Home)	N	N	NA	
085X	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home				
0	General Classification	N	R	REQ	
1	CCPD/Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100%	N	N	NA	
5	Support Services	N	N	NA	
9	Other Outpatient CCPD	N	N	NA	
086X	Reserved for Dialysis (National Assignment)	NA	NA	NA	
087X	Reserved for Dialysis (National Assignment)	NA	NA	NA	

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
088X	Miscellaneous Dialysis				
0	General Classification	N	R	REQ	
1	Ultrafiltration	Y	R	REQ	
2	Home Dialysis Aid Visit	N	N	NA	
9	Other Miscellaneous Dialysis	N	N	NA	
090X	Behavioral Health Treatments/Services - (also see 091X)				
0	General Classification	N	N	NA	
1	Electroshock Treatment	L	R	REQ	Distinct Psychiatric Units & Free Standing Psychiatric Hospitals only.
2	Milieu Therapy	N	N	NA	
3	Play Therapy	N	N	NA	
4	Activity Therapy	N	N	NA	
5	Intensive Outpatient Services - Psychiatric	N	N	NA	
6	Intensive Outpatient Services - Chemical Dependency	N	N	NA	
7	Community Behavioral Health Program (Day Treatment)	N	N	NA	
8	Reserved for National Use	N	N	NA	
9	Reserved for National Use	N	N	NA	

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
091X	Behavioral Health Treatment/Services -(Extension of 090X)				
0	Reserved for National Use	N	N	NA	
1	Rehabilitation	L	N	NA	Limited to MAA approved Acute Physical Medicine & Rehabilitation providers
2	Partial Hospitalization - Less Intensive	N	N	NA	
3	Partial Hospitalization - Intensive	N	N	NA	
4	Individual Therapy	N	N	NA	
5	Group Therapy	N	N	NA	
6	Family Therapy	N	N	NA	
7	Bio Feedback	N	N	NA	
8	Testing	N	N	NA	
9	Other Behavioral Health Treatment/Services	N	N	NA	
092X	Other Diagnostic Services				
0	General Classification	Y	F	REQ	
1	Peripheral Vascular Lab	Y	F	REQ	
2	Electromyelogram	Y	F	REQ	
3	Pap Smear	N	F	REQ	
4	Allergy Test	N	N	NA	
5	Pregnancy Test	Y	F	REQ	
9	Other Diagnostic Service	N	N	NA	
093X	Medical Rehabilitation Day Program				
1	Half Day	N	N	NA	
2	Full Day	N	N	NA	
094X	Other Therapeutic Services - (Also see 095X)				
0	General Classification	Y	F	REQ	
1	Recreational Therapy	N	N	NA	
2	Education/Training (<i>Diabetic Education</i>)	N	L/C	NR	Dept. of Health approved diabetic education providers only
3	Cardiac Rehabilitation	N	N	NA	
4	Drug Rehabilitation	N	N	NA	
5	Alcohol Rehabilitation	N	N	NA	
6	Complex Medical Equipment - Routine	N	N	NA	
7	Complex Medical Equipment - Ancillary	N	N	NA	
9	Other Therapeutic Services	N	L/R	REQ	MAA Approved Weight Loss Providers

Note: Please see Grid Legend on page E22.

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
095X	Other Therapeutic Services-Extension of 094X				
0	RESERVED	NA	NA	NA	
1	Athletic Training	N	N	NA	
2	Kinesiotherapy	N	N	NA	
096X	Professional Fees (also see 097X and 098X)				
0	General Classification	N	N	NA	
1	Psychiatric	N	N	NA	
2	Ophthalmology	N	N	NA	
3	Anesthesiologist (MD)	N	N	NA	
4	Anesthetist (CRNA)	N	N	NA	
9	Other Professional Fee	N	N	NA	
097X	Professional Fees (Extension of 096X)				
1	Laboratory	N	N	NA	
2	Radiology - Diagnostic	N	N	NA	
3	Radiology - Therapeutic	N	N	NA	
4	Radiology - Nuclear Medicine	N	N	NA	
5	Operating Room	N	N	NA	
6	Respiratory Therapy	N	N	NA	
7	Physical Therapy	N	N	NA	
8	Occupational Therapy	N	N	NA	
9	Speech Pathology	N	N	NA	
098X	Professional Fees (Extension of 096X and 097X)				
1	Emergency Room	N	N	NA	
2	Outpatient Services	N	N	NA	
3	Clinic	N	N	NA	
4	Medical Social Services	N	N	NA	
5	EKG	N	N	NA	
6	EEG	N	N	NA	
7	Hospital Visit	N	N	NA	
8	Consultation	N	N	NA	
9	Private Duty Nurse	N	N	NA	

Note: Please see Grid Legend on page E22.

Grid is not intended to be a reflection of all policies related to these codes. Please see appropriate billing instructions and Washington Administrative Code (WAC) for complete policy.

REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
099X	Patient Convenience Items				
0	General Classification	N	N	NA	
1	Cafeteria/Guest Tray	N	N	NA	
2	Private Linen Service	N	N	NA	
3	Telephone/Telegraph	N	N	NA	
4	TV/Radio	N	N	NA	
5	Nonpatient Room Rentals	N	N	NA	
6	Late Discharge Charge	N	N	NA	
7	Admission Kits	N	N	NA	
8	Beauty Shop/Barber	N	N	NA	
9	Other Patient Convenience Items	N	N	NA	
Note: Please see Grid Legend on page E22.					

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
 (effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
Grid Abbreviations					
DASA	= Division of Alcohol and Substance Abuse				
IP	= Inpatient Hospital				
MAA	= Medical Assistance Administration				
OP	=Outpatient Hospital				
OPPS	= Outpatient Prospective Payment System				
PROC	= Procedure code				
REV	= Revenue Code				
Grid Legend					
F	=Services routinely reimbursed using MAA's outpatient hospital fee schedule. Exception: OPPS and Critical Access Hospitals. Please note: Revenue codes are still required on the claim line.				
L	= Limited to providers approved by the department to perform specific services				
LD	=limited by diagnoses, refer to list on page E23				
L/C	=Limited to providers approved by the department of health and paid according to contract.				
L/O	= Limited to OPPS Providers				
N	= Not covered by MAA				
NA	= Not applicable				
NR	= CPT/HCPCS not required				
R	=Service routinely reimbursed using MAA's outpatient hospital rate. Exception: OPPS and Critical Access Hospitals				
REQ	= Required				
SP	=Paid at semi-private room rate				
Y	= Services routinely covered				

Grid is not intended to be a reflection of all policies related to these codes. Please see appropriate billing instructions and Washington Administrative Code (WAC) for complete policy.

REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
(effective for dates of service on and after 11/01/04)

Grid is not intended to be a reflection of all policies related to these codes. Please see appropriate billing instructions and Washington Administrative Code (WAC) for complete policy.

REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS

Grid is not intended to be a reflection of all policies related to these codes. Please see appropriate billing instructions and Washington Administrative Code (WAC) for complete policy.

Outpatient Hospital Fee Schedule
Effective for dates of service on and after November 1, 2004

PA?	Code	Brief Description	FS Fee
PA	0003T	Cervicography	#
	0010T	Tb test, gamma interferon	B.R.
	0018T	Transcranial magnetic stimul	#
	0019T	Extracorp shock wave tx, ms	#
	0020T	Extracorp shock wave tx, ft	#
	0021T	Fetal oximetry, trnsvag/cerv	#
	0023T	Phenotype drug test, hiv 1	288.18
	0024T	Transcath cardiac reduction	#
	0026T	Measure remnant lipoproteins	#
	0038T	Rad endovasc taa rpr w/cover	B.R.
	0039T	Rad s/i, endovasc taa repair	B.R.
	0040T	Rad s/i, endovasc taa prosth	B.R.
	0041T	Detect ur infect agnt w/cpas	#
	0042T	Ct perfusion w/contrast, cbf	#
	0043T	Co expired gas analysis	#
	0044T	Whole body photography	#
	0045T	Whole body photography	#
	0058T	Cryopreservation, ovary tiss	#
	0059T	Cryopreservation, oocyte	#
PA	0060T	Electrical impedance scan	B.R.
	36415**	Routine venipuncture	2.45
	36416	Capillary blood draw	2.45
	36540	Collect blood venous device	2.45
	36600	Withdrawal of arterial blood	9.75
	38204	Bl donor search management	Bundled
	38207	Cryopreserve stem cells	B.R.
	38208	Thaw preserved stem cells	B.R.
	38209	Wash harvest stem cells	B.R.
	38210	T-cell depletion of harvest	B.R.
	38211	Tumor cell deplete of harvst	B.R.
	38212	Rbc depletion of harvest	B.R.
	38213	Platelet deplete of harvest	B.R.
	38214	Volume deplete of harvest	B.R.
	38215	Harvest stem cell concentrte	B.R.
	51725	Simple cystometrogram	121.74
	51726	Complex cystometrogram	167.76
	51736	Urine flow measurement	8.84
	51741	Electro-uroflowmetry, first	10.20
	51772	Urethra pressure profile	120.83
	51784	Anal/urinary muscle study	83.43
	51785	Anal/urinary muscle study	95.21
	51792	Urinary reflex study	130.13
	51795	Urine voiding pressure study	165.04
	51797	Intraabdominal pressure test	125.37
	54240	Penis study	14.51
	54250	Penis study	#
	59020	Fetal contract stress test	13.83
	59025	Fetal non-stress test	11.56

Outpatient Hospital Services

	62252	Csf shunt reprogram	25.84
	62367	Analyze spine infusion pump	17.23
	62368	Analyze spine infusion pump	26.52
	64550	Apply neurostimulator	5.44
	70010	Contrast x-ray of brain	103.38
	70015	Contrast x-ray of brain	32.64
	70030	X-ray eye for foreign body	9.75
	70100	X-ray exam of jaw	12.24
	70110	X-ray exam of jaw	14.96
	70120	X-ray exam of mastoids	14.96
	70130	X-ray exam of mastoids	19.04
	70134	X-ray exam of middle ear	17.91
	70140	X-ray exam of facial bones	14.96
	70150	X-ray exam of facial bones	19.04
	70160	X-ray exam of nasal bones	12.24
	70170	X-ray exam of tear duct	22.90
	70190	X-ray exam of eye sockets	14.96
	70200	X-ray exam of eye sockets	19.04
	70210	X-ray exam of sinuses	14.96
	70220	X-ray exam of sinuses	19.04
	70240	X-ray exam, pituitary saddle	9.75
	70250	X-ray exam of skull	14.96
	70260	X-ray exam of skull	21.54
	70300	X-ray exam of teeth	6.57
	70310	X-ray exam of teeth	9.75
	70320	Full mouth x-ray of teeth	19.04
	70328	X-ray exam of jaw joint	11.56
	70330	X-ray exam of jaw joints	20.40
	70332	X-ray exam of jaw joint	50.33
EPA	70336	Magnetic image, jaw joint	268.41
	70350	X-ray head for orthodontia	8.84
	70355	Panoramic x-ray of jaws	13.83
	70360	X-ray exam of neck	9.75
	70370	Throat x-ray & fluoroscopy	31.28
	70371	Speech evaluation, complex	50.33
	70373	Contrast x-ray of larynx	43.07
	70380	X-ray exam of salivary gland	16.10
	70390	X-ray exam of salivary duct	43.07
	70450	Ct head/brain w/o dye	113.12
	70460	Ct head/brain w/dye	135.34
	70470	Ct head/brain w/o & w/ dye	169.57
	70480	Ct orbit/ear/fossa w/o dye	113.12
	70481	Ct orbit/ear/fossa w/dye	135.34
	70482	Ct orbit/ear/fossa w/o&w dye	169.57
	70486	Ct maxillofacial w/o dye	113.12
	70487	Ct maxillofacial w/dye	135.34
	70488	Ct maxillofacial w/o & w dye	169.57
	70490	Ct soft tissue neck w/o dye	113.12
	70491	Ct soft tissue neck w/dye	135.34
	70492	Ct sft tsue nck w/o & w/dye	169.57
	70496	Ct angiography, head	254.58
	70498	Ct angiography, neck	254.58

(Revised October 2004)

Memo 04-76 MAA

- F.2 -

Fee Schedule

Outpatient Hospital Services

EPA	70540	Mri orbit/face/neck w/o dye	264.79
EPA	70542	Mri orbit/face/neck w/dye	317.83
EPA	70543	Mri orbit/fac/nck w/o & w dye	587.83
EPA	70544	Mr angiography head w/o dye	268.41
EPA	70545	Mr angiography head w/dye	268.41
EPA	70546	Mr angiograph head w/o&w dye	526.17
EPA	70547	Mr angiography neck w/o dye	268.41
EPA	70548	Mr angiography neck w/dye	268.41
EPA	70549	Mr angiograph neck w/o&w dye	526.17
EPA	70551	Mri brain w/o dye	268.41
EPA	70552	Mri brain w/ dye	321.91
EPA	70553	Mri brain w/o & w/ dye	596.45
EPA	70557	Mri brain w/o dye	B.R.
EPA	70558	Mri brain w/ dye	B.R.
EPA	70559	Mri brain w/o & w/ dye	B.R.
	71010	Chest x-ray	11.11
	71015	Chest x-ray	12.24
	71020	Chest x-ray	14.96
	71021	Chest x-ray	17.91
	71022	Chest x-ray	17.91
	71023	Chest x-ray and fluoroscopy	19.04
	71030	Chest x-ray	19.04
	71034	Chest x-ray and fluoroscopy	34.46
	71035	Chest x-ray	12.24
	71040	Contrast x-ray of bronchi	34.91
	71060	Contrast x-ray of bronchi	53.05
	71090	X-ray & pacemaker insertion	40.81
	71100	X-ray exam of ribs	13.83
	71101	X-ray exam of ribs/chest	16.10
	71110	X-ray exam of ribs	19.04
	71111	X-ray exam of ribs/ chest	21.54
	71120	X-ray exam of breastbone	15.64
	71130	X-ray exam of breastbone	17.00
	71250	Ct thorax w/o dye	141.46
	71260	Ct thorax w/dye	169.57
	71270	Ct thorax w/o & w/ dye	211.96
	71275	Ct angiography, chest	291.76
EPA	71550	Mri chest w/o dye	265.69
EPA	71551	Mri chest w/dye	318.74
EPA	71552	Mri chest w/o & w/dye	584.89
EPA	71555	Mri angio chest w or w/o dye	268.41
	72010	X-ray exam of spine	24.71
	72020	X-ray exam of spine	9.75
	72040	X-ray exam of neck spine	14.51
	72050	X-ray exam of neck spine	21.54
	72052	X-ray exam of neck spine	26.98
	72069	X-ray exam of trunk spine	11.56
	72070	X-ray exam of thoracic spine	15.64
	72072	X-ray exam of thoracic spine	17.91
	72074	X-ray exam of thoracic spine	21.99
	72080	X-ray exam of trunk spine	16.10
	72090	X-ray exam of trunk spine	16.10

(Revised October 2004)

Memo 04-76 MAA

- F.3 -

Fee Schedule

Outpatient Hospital Services

	72100	X-ray exam of lower spine	16.10
	72110	X-ray exam of lower spine	21.99
	72114	X-ray exam of lower spine	28.34
	72120	X-ray exam of lower spine	21.54
	72125	Ct neck spine w/o dye	141.46
	72126	Ct neck spine w/dye	169.57
	72127	Ct neck spine w/o & w/dye	211.96
	72128	Ct chest spine w/o dye	141.46
	72129	Ct chest spine w/dye	169.57
	72130	Ct chest spine w/o & w/dye	211.96
	72131	Ct lumbar spine w/o dye	141.46
	72132	Ct lumbar spine w/dye	169.57
	72133	Ct lumbar spine w/o & w/dye	211.96
EPA	72141	Mri neck spine w/o dye	268.41
EPA	72142	Mri neck spine w/dye	321.91
EPA	72146	Mri chest spine w/o dye	297.66
EPA	72147	Mri chest spine w/dye	321.91
EPA	72148	Mri lumbar spine w/o dye	297.66
EPA	72149	Mri lumbar spine w/dye	321.91
EPA	72156	Mri neck spine w/o & w/dye	596.45
EPA	72157	Mri chest spine w/o & w/dye	596.45
EPA	72158	Mri lumbar spine w/o & w/dye	596.45
EPA	72159	Mr angio spine w/o&w/dye	291.99
	72170	X-ray exam of pelvis	12.24
	72190	X-ray exam of pelvis	16.10
	72191	Ct angiograph pelv w/o&w/dye	283.83
	72192	Ct pelvis w/o dye	141.46
	72193	Ct pelvis w/dye	163.90
	72194	Ct pelvis w/o & w/dye	203.12
EPA	72195	Mri pelvis w/o dye	265.69
EPA	72196	Mri pelvis w/dye	318.74
EPA	72197	Mri pelvis w/o & w/dye	589.19
EPA	72198	Mr angio pelvis w/o & w/dye	268.41
	72200	X-ray exam sacroiliac joints	12.24
	72202	X-ray exam sacroiliac joints	14.96
	72220	X-ray exam of tailbone	13.83
	72240	Contrast x-ray of neck spine	113.80
	72255	Contrast x-ray, thorax spine	103.38
	72265	Contrast x-ray, lower spine	97.71
	72270	Contrast x-ray, spine	146.22
	72275	Epidurography	52.14
	72285	X-ray c/t spine disk	200.63
	72295	X-ray of lower spine disk	187.93
	73000	X-ray exam of collar bone	12.24
	73010	X-ray exam of shoulder blade	12.24
	73020	X-ray exam of shoulder	11.11
	73030	X-ray exam of shoulder	13.83
	73040	Contrast x-ray of shoulder	50.33
	73050	X-ray exam of shoulders	16.10
	73060	X-ray exam of humerus	13.83
	73070	X-ray exam of elbow	12.24
	73080	X-ray exam of elbow	13.83

(Revised October 2004)

Memo 04-76 MAA

- F.4 -

Fee Schedule

Outpatient Hospital Services

73085	Contrast x-ray of elbow	50.33
73090	X-ray exam of forearm	12.24
73092	X-ray exam of arm, infant	11.56
73100	X-ray exam of wrist	11.56
73110	X-ray exam of wrist	12.47
73115	Contrast x-ray of wrist	38.09
73120	X-ray exam of hand	11.56
73130	X-ray exam of hand	12.47
73140	X-ray exam of finger(s)	9.75
73200	Ct upper extremity w/o dye	118.56
73201	Ct upper extremity w/dye	141.46
73202	Ct uppr extremity w/o&w/dye	177.96
73206	Ct angio upr extrm w/o&w/dye	259.12
EPA	Mri upper extremity w/o dye	264.79
EPA	Mri upper extremity w/dye	317.83
EPA	Mri uppr extremity w/o&w/dye	587.83
EPA	Mri joint upr extrem w/o dye	264.79
EPA	Mri joint upr extrem w/dye	317.83
EPA	Mri joint upr extr w/o&w/dye	587.83
EPA	Mr angio upr extr w/o&w/dye	262.97
73500	X-ray exam of hip	11.11
73510	X-ray exam of hip	13.83
73520	X-ray exam of hips	16.10
73525	Contrast x-ray of hip	50.33
73530	X-ray exam of hip	12.24
73540	X-ray exam of pelvis & hips	13.83
73542	X-ray exam, sacroiliac joint	50.33
73550	X-ray exam of thigh	13.83
73560	X-ray exam of knee, 1 or 2	12.24
73562	X-ray exam of knee, 3	13.83
73564	X-ray exam, knee, 4 or more	14.96
73565	X-ray exam of knees	11.56
73580	Contrast x-ray of knee joint	62.57
73590	X-ray exam of lower leg	12.24
73592	X-ray exam of leg, infant	11.56
73600	X-ray exam of ankle	11.56
73610	X-ray exam of ankle	12.47
73615	Contrast x-ray of ankle	50.33
73620	X-ray exam of foot	11.56
73630	X-ray exam of foot	12.47
73650	X-ray exam of heel	11.11
73660	X-ray exam of toe(s)	9.75
73700	Ct lower extremity w/o dye	118.56
73701	Ct lower extremity w/dye	141.46
73702	Ct lwr extremity w/o&w/dye	177.96
73706	Ct angio lwr extr w/o&w/dye	259.12
EPA	Mri lower extremity w/o dye	264.79
EPA	Mri lower extremity w/dye	317.83
EPA	Mri lwr extremity w/o&w/dye	587.83
EPA	Mri jnt of lwr extre w/o dye	264.79
EPA	Mri joint of lwr extr w/dye	317.83
EPA	Mri joint lwr extr w/o&w/dye	587.83

(Revised October 2004)

Memo 04-76 MAA

- F.5 -

Fee Schedule

Outpatient Hospital Services

EPA	73725	Mr ang lwr ext w or w/o dye	268.41
	74000	X-ray exam of abdomen	12.24
	74010	X-ray exam of abdomen	13.83
	74020	X-ray exam of abdomen	14.96
	74022	X-ray exam series, abdomen	17.91
	74150	Ct abdomen w/o dye	135.34
	74160	Ct abdomen w/dye	163.90
	74170	Ct abdomen w/o & w /dye	203.12
	74175	Ct angio abdom w/o & w/dye	283.83
EPA	74181	Mri abdomen w/o dye	265.69
EPA	74182	Mri abdomen w/dye	318.74
EPA	74183	Mri abdomen w/o & w/dye	589.19
EPA	74185	Mri angio, abdom w orw/o dye	268.41
	74190	X-ray exam of peritoneum	31.28
	74210	Contrst x-ray exam of throat	28.34
	74220	Contrast x-ray, esophagus	28.34
	74230	Cine/vid x-ray, throat/esoph	31.28
	74235	Remove esophagus obstruction	62.57
	74240	X-ray exam, upper gi tract	34.91
	74241	X-ray exam, upper gi tract	35.59
	74245	X-ray exam, upper gi tract	57.13
	74246	Contrst x-ray uppr gi tract	39.67
	74247	Contrst x-ray uppr gi tract	40.81
	74249	Contrst x-ray uppr gi tract	61.89
	74250	X-ray exam of small bowel	31.28
	74251	X-ray exam of small bowel	31.28
	74260	X-ray exam of small bowel	35.59
	74270	Contrast x-ray exam of colon	41.26
	74280	Contrast x-ray exam of colon	53.73
	74283	Contrast x-ray exam of colon	61.66
	74290	Contrast x-ray, gallbladder	17.91
	74291	Contrast x-rays, gallbladder	9.75
	74300	X-ray bile ducts/pancreas	13.60
	74301	X-rays at surgery add-on	7.93
	74305	X-ray bile ducts/pancreas	19.04
	74320	Contrast x-ray of bile ducts	75.72
	74327	X-ray bile stone removal	42.62
	74328	X-ray bile duct endoscopy	75.72
	74329	X-ray for pancreas endoscopy	75.72
	74330	X-ray bile/panc endoscopy	75.72
	74340	X-ray guide for GI tube	62.57
	74350	X-ray guide, stomach tube	75.72
	74355	X-ray guide, intestinal tube	62.57
	74360	X-ray guide, GI dilation	75.72
	74363	X-ray, bile duct dilation	146.22
	74400	Contrst x-ray, urinary tract	40.81
	74410	Contrst x-ray, urinary tract	46.93
	74415	Contrst x-ray, urinary tract	50.78
	74420	Contrst x-ray, urinary tract	62.57
	74425	Contrst x-ray, urinary tract	31.28
	74430	Contrast x-ray, bladder	25.39
	74440	X-ray, male genital tract	26.98

(Revised October 2004)

Memo 04-76 MAA

- F.6 -

Fee Schedule

Outpatient Hospital Services

	74445	X-ray exam of penis	26.98
	74450	X-ray, urethra/bladder	34.91
	74455	X-ray, urethra/bladder	38.09
	74470	X-ray exam of kidney lesion	29.92
	74475	X-ray control, cath insert	97.71
	74480	X-ray control, cath insert	97.71
	74485	X-ray guide, GU dilation	75.72
	74710	X-ray measurement of pelvis	25.39
	74740	X-ray, female genital tract	31.28
	74742	X-ray, fallopian tube	75.72
	74775	X-ray exam of perineum	34.91
EPA	75552	Heart mri for morph w/o dye	268.41
EPA	75553	Heart mri for morph w/dye	268.41
EPA	75554	Cardiac MRI/function	268.41
EPA	75555	Cardiac MRI/limited study	268.41
EPA	75556	Cardiac MRI/flow mapping	B.R.
	75600	Contrast x-ray exam of aorta	301.51
	75605	Contrast x-ray exam of aorta	301.51
	75625	Contrast x-ray exam of aorta	301.51
	75630	X-ray aorta, leg arteries	314.43
	75635	Ct angio abdominal arteries	373.15
	75650	Artery x-rays, head & neck	301.51
	75658	Artery x-rays, arm	301.51
	75660	Artery x-rays, head & neck	301.51
	75662	Artery x-rays, head & neck	301.51
	75665	Artery x-rays, head & neck	301.51
	75671	Artery x-rays, head & neck	301.51
	75676	Artery x-rays, neck	301.51
	75680	Artery x-rays, neck	301.51
	75685	Artery x-rays, spine	301.51
	75705	Artery x-rays, spine	301.51
	75710	Artery x-rays, arm/leg	301.51
	75716	Artery x-rays, arms/legs	301.51
	75722	Artery x-rays, kidney	301.51
	75724	Artery x-rays, kidneys	301.51
	75726	Artery x-rays, abdomen	301.51
	75731	Artery x-rays, adrenal gland	301.51
	75733	Artery x-rays, adrenals	301.51
	75736	Artery x-rays, pelvis	301.51
	75741	Artery x-rays, lung	301.51
	75743	Artery x-rays, lungs	301.51
	75746	Artery x-rays, lung	301.51
	75756	Artery x-rays, chest	301.51
	75774	Artery x-ray, each vessel	301.51
	75790	Visualize A-V shunt	32.64
	75801	Lymph vessel x-ray, arm/leg	129.90
	75803	Lymph vessel x-ray, arms/legs	129.90
	75805	Lymph vessel x-ray, trunk	146.22
	75807	Lymph vessel x-ray, trunk	146.22
	75809	Nonvascular shunt, x-ray	19.04
	75810	Vein x-ray, spleen/liver	301.51
	75820	Vein x-ray, arm/leg	22.90

(Revised October 2004)

Memo 04-76 MAA

- F.7 -

Fee Schedule

Outpatient Hospital Services

75822	Vein x-ray, arms/legs	35.37
75825	Vein x-ray, trunk	301.51
75827	Vein x-ray, chest	301.51
75831	Vein x-ray, kidney	301.51
75833	Vein x-ray, kidneys	301.51
75840	Vein x-ray, adrenal gland	301.51
75842	Vein x-ray, adrenal glands	301.51
75860	Vein x-ray, neck	301.51
75870	Vein x-ray, skull	301.51
75872	Vein x-ray, skull	301.51
75880	Vein x-ray, eye socket	22.90
75885	Vein x-ray, liver	301.51
75887	Vein x-ray, liver	301.51
75889	Vein x-ray, liver	301.51
75891	Vein x-ray, liver	301.51
75893	Venous sampling by catheter	301.51
75894	X-rays, transcath therapy	578.31
75896	X-rays, transcath therapy	502.59
75898	Follow-up angiography	25.39
75900	Arterial catheter exchange	502.37
75901	Remove cva device obstruct	45.11
75902	Remove cva lumen obstruct	45.11
75940	X-ray placement, vein filter	301.51
75945	Intravascular us	109.27
75946	Intravascular us add-on	55.09
75952	Endovasc repair abdom aorta	B.R.
75953	Abdom aneurysm endovas rpr	B.R.
75954	Iliac aneurysm endovas rpr	B.R.
75960	Transcatheter intro, stent	356.60
75961	Retrieval, broken catheter	251.64
75962	Repair arterial blockage	377.23
75964	Repair artery blockage, each	200.86
75966	Repair arterial blockage	377.23
75968	Repair artery blockage, each	200.86
75970	Vascular biopsy	276.57
75978	Repair venous blockage	377.23
75980	Contrast xray exam bile duct	129.90
75982	Contrast xray exam bile duct	146.22
75984	Xray control catheter change	46.93
75989	Abscess drainage under x-ray	75.72
75992	Atherectomy, x-ray exam	377.23
75993	Atherectomy, x-ray exam	200.86
75994	Atherectomy, x-ray exam	377.23
75995	Atherectomy, x-ray exam	377.23
75996	Atherectomy, x-ray exam	200.86
75998	Fluoroguide for vein device	31.74
76000	Fluoroscope examination	31.28
76001	Fluoroscope exam, extensive	62.57
76003	Needle localization by x-ray	31.28
76005	Fluoroguide for spine inject	31.28
76006	X-ray stress view	14.51
76010	X-ray, nose to rectum	12.24

(Revised October 2004)

Memo 04-76 MAA

- F.8 -

Fee Schedule

Outpatient Hospital Services

			#
	76012	Percut vertebroplasty fluor	#
	76013	Percut vertebroplasty, ct	#
	76020	X-rays for bone age	12.24
	76040	X-rays, bone evaluation	19.04
	76061	X-rays, bone survey	24.03
	76062	X-rays, bone survey	34.46
	76065	X-rays, bone evaluation	17.91
	76066	Joint survey, single view	26.75
	76070	Ct bone density, axial	70.73
	76071	Ct bone density, peripheral	68.69
	76075	Dexa, axial skeleton study	74.36
	76076	Dexa, peripheral study	18.36
	76078	Radiographic absorptiometry	18.36
	76080	X-ray exam of fistula	25.39
	76082	Computer mammogram add-on	9.52
	76083	Computer mammogram add-on	9.52
	76086	X-ray of mammary duct	62.57
	76088	X-ray of mammary ducts	87.73
	76090	Mammogram, one breast	25.39
	76091	Mammogram, both breasts	31.28
	76092	Mammogram, screening	29.47
EPA	76093	Magnetic image, breast	421.89
EPA	76094	Magnetic image, both breasts	572.42
	76095	Stereotactic breast biopsy	171.61
	76096	X-ray of needle wire, breast	31.28
	76098	X-ray exam, breast specimen	9.75
	76100	X-ray exam of body section	29.92
	76101	Complex body section x-ray	34.23
	76102	Complex body section x-rays	41.94
	76120	Cine/video x-rays	25.39
	76125	Cine/video x-rays add-on	19.04
	76140	X-ray consultation	#
	76150	X-ray exam, dry process	9.75
	76350	Special x-ray contrast study	B.R.
	76355	Ct scan for localization	197.68
	76360	Ct scan for needle biopsy	197.68
	76362	Ct guide for tissue ablation	216.50
	76370	Ct scan for therapy guide	70.73
	76375	3d/holograph reconstr add-on	84.56
	76380	CAT scan follow-up study	83.65
	76390	Mr spectroscopy	262.97
	76393	Mr guidance for needle place	267.73
EPA	76394	Mri for tissue ablation	286.10
EPA	76400	Magnetic image, bone marrow	268.41
	76496	Fluoroscopic procedure	B.R.
	76497	Ct procedure	B.R.
EPA	76498	Mri procedure	B.R.
	76499	Radiographic procedure	B.R.
	76506	Echo exam of head	34.23
	76511	Echo exam of eye	34.01
	76512	Echo exam of eye	35.14
	76513	Echo exam of eye, water bath	37.18

(Revised October 2004)

Memo 04-76 MAA

- F.9 -

Fee Schedule

Outpatient Hospital Services

76514	Echo exam of eye, thickness	1.59
76516	Echo exam of eye	28.79
76519	Echo exam of eye	30.83
76529	Echo exam of eye	27.88
76536	Us exam of head and neck	34.23
76604	Us exam, chest, b-scan	31.28
76645	Us exam, breast(s)	25.39
76700	Us exam, abdom, complete	47.38
76705	Echo exam of abdomen	34.23
76770	Us exam abdo back wall, comp	47.38
76775	Us exam abdo back wall, lim	34.23
76778	Us exam kidney transplant	47.38
76800	Us exam, spinal canal	34.23
76801	Ob us < 14 wks, single fetus	50.33
76802	Ob us < 14 wks, add'l fetus	26.52
76805	Ob us >/= 14 wks, sngl fetus	50.33
76810	Ob us >/= 14 wks, addl fetus	28.34
76811	Ob us, detailed, sngl fetus	88.87
76812	Ob us, detailed, addl fetus	31.74
76815	Ob us, limited, fetus(s)	34.23
76816	Ob us, follow-up, per fetus	26.75
76817	Transvaginal us, obstetric	35.82
76818	Fetal biophys profile w/nst	38.99
76819	Fetal biophys profil w/o nst	38.99
76825	Echo exam of fetal heart	47.38
76826	Echo exam of fetal heart	17.23
76827	Echo exam of fetal heart	41.94
76828	Echo exam of fetal heart	27.20
76830	Transvaginal us, non-ob	36.73
76831	Echo exam, uterus	36.73
76856	Us exam, pelvic, complete	36.73
76857	Us exam, pelvic, limited	37.18
76870	Us exam, scrotum	36.73
76872	Us, transrectal	44.43
76873	Echograp trans r, pros study	51.01
76880	Us exam, extremity	34.23
76885	Us exam infant hips, dynamic	36.73
76886	Us exam infant hips, static	34.23
76930	Echo guide, cardiocentesis	36.73
76932	Echo guide for heart biopsy	36.73
76936	Echo guide for artery repair	150.98
76937	Us guide, vascular access	10.20
76940	Us guide, tissue ablation	40.13
76941	Echo guide for transfusion	36.50
76942	Echo guide for biopsy	60.08
76945	Echo guide, villus sampling	36.50
76946	Echo guide for amniocentesis	36.73
76948	Echo guide, ova aspiration	36.73
76950	Echo guidance radiotherapy	31.28
76965	Echo guidance radiotherapy	133.30
76970	Ultrasound exam follow-up	25.39
76975	GI endoscopic ultrasound	36.73

(Revised October 2004)

Memo 04-76 MAA

- F.10 -

Fee Schedule

Outpatient Hospital Services

76977	Us bone density measure	19.95
76986	Ultrasound guide intraoper	62.57
76999	Echo examination procedure	B.R.
77261	Radiation therapy planning	44.43
77262	Radiation therapy planning	67.10
77263	Radiation therapy planning	99.97
77280	Set radiation therapy field	82.97
77285	Set radiation therapy field	133.53
77290	Set radiation therapy field	155.97
77295	Set radiation therapy field	669.45
77299	Radiation therapy planning	B.R.
77300	Radiation therapy dose plan	32.19
77301	Radiotherapy dose plan, imrt	669.45
77305	Teletx isodose plan simple	44.89
77310	Teletx isodose plan intermed	55.99
77315	Teletx isodose plan complex	63.48
77321	Special teletx port plan	96.80
77326	Brachytx isodose calc simp	56.68
77327	Brachytx isodose calc interm	82.97
77328	Brachytx isodose plan compl	118.56
77331	Special radiation dosimetry	11.79
77332	Radiation treatment aid(s)	32.19
77333	Radiation treatment aid(s)	45.57
77334	Radiation treatment aid(s)	77.76
77336	Radiation physics consult	71.41
77370	Radiation physics consult	83.43
77399	External radiation dosimetry	B.R.
77401	Radiation treatment delivery	42.85
77402	Radiation treatment delivery	42.85
77403	Radiation treatment delivery	42.85
77404	Radiation treatment delivery	42.85
77406	Radiation treatment delivery	42.85
77407	Radiation treatment delivery	50.10
77408	Radiation treatment delivery	50.10
77409	Radiation treatment delivery	50.10
77411	Radiation treatment delivery	50.10
77412	Radiation treatment delivery	55.99
77413	Radiation treatment delivery	55.99
77414	Radiation treatment delivery	55.99
77416	Radiation treatment delivery	55.99
77417	Radiology port film(s)	14.28
77418	Radiation tx delivery, imrt	415.99
77427	Radiation tx management, x5	102.24
77431	Radiation therapy management	58.26
77432	Stereotactic radiation trmt	253.90
77470	Special radiation treatment	267.28
77499	Radiation therapy management	B.R.
77520	Proton trmt, simple w/o comp	B.R.
77522	Proton trmt, simple w/comp	B.R.
77523	Proton trmt, intermediate	B.R.
77525	Proton treatment, complex	B.R.
77600	Hyperthermia treatment	73.00

(Revised October 2004)

Memo 04-76 MAA

- F.11 -

Fee Schedule

Outpatient Hospital Services

77605	Hyperthermia treatment	97.48
77610	Hyperthermia treatment	73.00
77615	Hyperthermia treatment	97.48
77620	Hyperthermia treatment	73.00
77750	Infuse radioactive materials	31.96
77761	Apply intracav radiat simple	60.30
77762	Apply intracav radiat interm	86.37
77763	Apply intracav radiat compl	107.23
77776	Apply interstit radiat simpl	52.37
77777	Apply interstit radiat inter	101.33
77778	Apply interstit radiat compl	122.87
77781	High intensity brachytherapy	486.50
77782	High intensity brachytherapy	486.50
77783	High intensity brachytherapy	486.50
77784	High intensity brachytherapy	486.50
77789	Apply surface radiation	10.65
77790	Radiation handling	11.79
77799	Radium/radioisotope therapy	B.R.
78000	Thyroid, single uptake	23.35
78001	Thyroid, multiple uptakes	31.28
78003	Thyroid suppress/stimul	23.35
78006	Thyroid imaging with uptake	57.13
78007	Thyroid image, mult uptakes	61.89
78010	Thyroid imaging	43.98
78011	Thyroid imaging with flow	57.81
78015	Thyroid met imaging	61.89
78016	Thyroid met imaging/studies	83.20
78018	Thyroid met imaging, body	130.13
78020	Thyroid met uptake	32.64
78070	Parathyroid nuclear imaging	43.98
78075	Adrenal nuclear imaging	130.13
78099	Endocrine nuclear procedure	B.R.
78102	Bone marrow imaging, ltd	48.97
78103	Bone marrow imaging, mult	75.94
78104	Bone marrow imaging, body	97.71
78110	Plasma volume, single	22.90
78111	Plasma volume, multiple	61.89
78120	Red cell mass, single	41.94
78121	Red cell mass, multiple	69.37
78122	Blood volume	110.18
78130	Red cell survival study	68.01
78135	Red cell survival kinetics	116.52
78140	Red cell sequestration	94.31
78160	Plasma iron turnover	87.73
78162	Radioiron absorption exam	76.62
78170	Red cell iron utilization	127.18
78172	Total body iron estimation	19.95
78185	Spleen imaging	56.68
78190	Platelet survival, kinetics	136.70
78191	Platelet survival	175.47
78195	Lymph system imaging	97.71
78199	Blood/lymph nuclear exam	B.R.

(Revised October 2004)

Memo 04-76 MAA

- F.12 -

Fee Schedule

Outpatient Hospital Services

78201	Liver imaging	56.68
78202	Liver imaging with flow	68.69
78205	Liver imaging (3D)	141.46
78206	Liver image (3d) with flow	137.83
78215	Liver and spleen imaging	70.05
78216	Liver & spleen image/flow	83.20
78220	Liver function study	89.09
78223	Hepatobiliary imaging	87.73
78230	Salivary gland imaging	52.37
78231	Serial salivary imaging	75.94
78232	Salivary gland function exam	84.56
78258	Esophageal motility study	68.69
78261	Gastric mucosa imaging	98.16
78262	Gastroesophageal reflux exam	101.79
78264	Gastric emptying study	98.84
78267	Breath tst attain/anal c-14	8.75
78268	Breath test analysis, c-14	75.01
78270	Vit B-12 absorption exam	37.41
78271	Vit b-12 absrp exam, int fac	39.67
78272	Vit B-12 absorp, combined	55.77
78278	Acute GI blood loss imaging	116.52
78282	GI protein loss exam	14.51
78290	Meckel's divert exam	73.00
78291	Leveen/shunt patency exam	73.45
78299	GI nuclear procedure	B.R.
78300	Bone imaging, limited area	59.85
78305	Bone imaging, multiple areas	87.73
78306	Bone imaging, whole body	102.24
78315	Bone imaging, 3 phase	114.48
78320	Bone imaging (3D)	141.46
78350	Bone mineral, single photon	18.36
78351	Bone mineral, dual photon	9.75
78399	Musculoskeletal nuclear exam	B.R.
78414	Non-imaging heart function	17.23
78428	Cardiac shunt imaging	54.18
78445	Vascular flow imaging	44.89
78455	Venous thrombosis study	95.44
78456	Acute venous thrombus image	97.03
78457	Venous thrombosis imaging	63.48
78458	Ven thrombosis images, bilat	96.35
78459	Heart muscle imaging (PET)	#
78460	Heart muscle blood, single	56.68
78461	Heart muscle blood, multiple	113.12
78464	Heart image (3d), single	169.57
78465	Heart image (3d), multiple	282.47
78466	Heart infarct image	62.57
78468	Heart infarct image (ef)	87.73
78469	Heart infarct image (3D)	125.14
78472	Gated heart, planar, single	132.17
78473	Gated heart, multiple	197.68
78478	Heart wall motion add-on	37.63
78480	Heart function add-on	37.63

Outpatient Hospital Services

78481	Heart first pass, single	125.14
78483	Heart first pass, multiple	188.39
78491	Heart image (pet), single	#
78492	Heart image (pet), multiple	#
78494	Heart image, spect	168.21
78496	Heart first pass add-on	168.21
78499	Cardiovascular nuclear exam	B.R.
78580	Lung perfusion imaging	82.07
78584	Lung V/Q image single breath	76.62
78585	Lung V/Q imaging	134.89
78586	Aerosol lung image, single	62.12
78587	Aerosol lung image, multiple	66.88
78588	Perfusion lung image	76.85
78591	Vent image, 1 breath, 1 proj	68.01
78593	Vent image, 1 proj, gas	82.52
78594	Vent image, mult proj, gas	119.02
78596	Lung differential function	169.57
78599	Respiratory nuclear exam	B.R.
78600	Brain imaging, ltd static	68.69
78601	Brain imaging, ltd w/flow	81.39
78605	Brain imaging, complete	81.39
78606	Brain imaging, compl w/flow	92.72
78607	Brain imaging (3D)	157.10
78608	Brain imaging (PET)	#
78609	Brain imaging (PET)	#
78610	Brain flow imaging only	38.09
78615	Cerebral vascular flow image	92.27
78630	Cerebrospinal fluid scan	120.60
78635	CSF ventriculography	61.21
78645	CSF shunt evaluation	82.07
78647	Cerebrospinal fluid scan	141.46
78650	CSF leakage imaging	111.08
78660	Nuclear exam of tear flow	50.78
78699	Nervous system nuclear exam	B.R.
78700	Kidney imaging, static	73.00
78701	Kidney imaging with flow	85.01
78704	Imaging renogram	94.76
78707	Kidney flow/function image	106.78
78708	Kidney flow/function image	106.78
78709	Kidney flow/function image	106.78
78710	Kidney imaging (3D)	141.46
78715	Renal vascular flow exam	38.09
78725	Kidney function study	43.07
78730	Urinary bladder retention	34.91
78740	Ureteral reflux study	50.78
78760	Testicular imaging	63.93
78761	Testicular imaging/flow	76.62
78799	Genitourinary nuclear exam	B.R.
78800	Tumor imaging, limited area	81.39
78801	Tumor imaging, mult areas	101.11
78802	Tumor imaging, whole body	132.62
78803	Tumor imaging (3D)	157.10

(Revised October 2004)

Memo 04-76 MAA

- F.14 -

Fee Schedule

Outpatient Hospital Services

PA	78804	Tumor imaging, whole body	259.80
	78805	Abscess imaging, lld area	81.39
	78806	Abscess imaging, whole body	154.16
	78807	Nuclear localization/abscess	157.10
	78810	Tumor imaging (PET)	1,584.20
	78890	Nuclear medicine data proc	Bundled
	78891	Nuclear med data proc	Bundled
	78990	Provide diag radionuclide(s)	#
	78999	Nuclear diagnostic exam	B.R.
	79000	Init hyperthyroid therapy	62.57
	79001	Repeat hyperthyroid therapy	31.28
	79020	Thyroid ablation	62.57
	79030	Thyroid ablation, carcinoma	62.57
	79035	Thyroid metastatic therapy	62.57
	79100	Hematopoetic nuclear therapy	62.57
	79200	Intracavitory nuclear trmt	62.57
	79300	Interstitial nuclear therapy	61.21
	79400	Nonhemato nuclear therapy	62.57
PA	79403	Hematopoetic nuclear therapy	100.88
	79420	Intravascular nuclear ther	56.45
	79440	Nuclear joint therapy	62.57
	79900	Provide ther radiopharm(s)	#
	79999	Nuclear medicine therapy	B.R.
	80048	Basic metabolic panel	7.12
	80050	General health panel	36.80
	80051	Electrolyte panel	7.12
	80053	Comprehen metabolic panel	9.50
	80055	Obstetric panel	53.94
	80061	Lipid panel	14.92
	80069	Renal function panel	7.12
	80074	Acute hepatitis panel	53.03
	80076	Hepatic function panel	7.12
	80100	Drug screen, qualitate/multi	16.20
	80101	Drug screen, single	15.33
	80102	Drug confirmation	14.75
	80103	Drug analysis, tissue prep	B.R.
	80150	Assay of amikacin	16.78
	80152	Assay of amitriptyline	19.93
	80154	Assay of benzodiazepines	20.59
	80156	Assay, carbamazepine, total	16.21
	80157	Assay, carbamazepine, free	14.76
	80158	Assay of cyclosporine	20.11
	80160	Assay of desipramine	19.17
	80162	Assay of digoxin	14.78
	80164	Assay, dipropylacetic acid	15.09
	80166	Assay of doxepin	17.26
	80168	Assay of ethosuximide	18.20
	80170	Assay of gentamicin	18.25
	80172	Assay of gold	18.14
	80173	Assay of haloperidol	16.21
	80174	Assay of imipramine	19.17
	80176	Assay of lidocaine	16.35

(Revised October 2004)

Memo 04-76 MAA

- F.15 -

Fee Schedule

Outpatient Hospital Services

80178	Assay of lithium	7.36
80182	Assay of nortriptyline	15.09
80184	Assay of phenobarbital	12.76
80185	Assay of phenytoin, total	14.76
80186	Assay of phenytoin, free	15.33
80188	Assay of primidone	18.47
80190	Assay of procainamide	18.66
80192	Assay of procainamide	18.66
80194	Assay of quinidine	16.25
80196	Assay of salicylate	7.91
80197	Assay of tacrolimus	15.28
80198	Assay of theophylline	15.76
80200	Assay of tobramycin	17.95
80201	Assay of topiramate	13.28
80202	Assay of vancomycin	15.09
80299	Quantitative assay, drug	15.25
80400	Acth stimulation panel	36.31
80402	Acth stimulation panel	96.80
80406	Acth stimulation panel	87.14
80408	Aldosterone suppression eval	139.75
80410	Calcitonin stimul panel	89.45
80412	CRH stimulation panel	353.82
80414	Testosterone response	57.51
80415	Estradiol response panel	62.23
80416	Renin stimulation panel	146.95
80417	Renin stimulation panel	48.98
80418	Pituitary evaluation panel	624.21
80420	Dexamethasone panel	80.21
80422	Glucagon tolerance panel	51.31
80424	Glucagon tolerance panel	38.75
80426	Gonadotropin hormone panel	153.76
80428	Growth hormone panel	73.67
80430	Growth hormone panel	86.78
80432	Insulin suppression panel	150.42
80434	Insulin tolerance panel	112.62
80435	Insulin tolerance panel	113.93
80436	Metyrapone panel	81.68
80438	TRH stimulation panel	55.93
80439	TRH stimulation panel	74.57
80440	TRH stimulation panel	64.75
80500	Lab pathology consultation	12.24
80502	Lab pathology consultation	44.66
81000	Urinalysis, nonauto w/scope	3.53
81001	Urinalysis, auto w/scope	3.53
81002	Urinalysis nonauto w/o scope	2.85
81003	Urinalysis, auto, w/o scope	2.50
81005	Urinalysis	2.41
81007	Urine screen for bacteria	2.86
81015	Microscopic exam of urine	3.38
81020	Urinalysis, glass test	4.10
81025	Urine pregnancy test	4.18
81050	Urinalysis, volume measure	3.34

(Revised October 2004)

Memo 04-76 MAA

- F.16 -

Fee Schedule

Outpatient Hospital Services

81099	Urinalysis test procedure	B.R.
82000	Assay of blood acetaldehyde	13.80
82003	Assay of acetaminophen	20.10
82009	Test for acetone/ketones	5.03
82010	Acetone assay	9.10
82013	Acetylcholinesterase assay	12.44
82016	Acylcarnitines, qual	15.44
82017	Acylcarnitines, quant	6.11
82024	Assay of acth	40.81
82030	Assay of adp & amp	28.73
82040	Assay of serum albumin	5.52
82042	Assay of urine albumin	5.76
82043	Microalbumin, quantitative	6.45
82044	Microalbumin, semiquant	5.09
82055	Assay of ethanol	12.03
82075	Assay of breath ethanol	13.42
82085	Assay of aldolase	10.81
82088	Assay of aldosterone	45.38
82101	Assay of urine alkaloids	33.43
82103	Alpha-1-antitrypsin, total	14.96
82104	Alpha-1-antitrypsin, pheno	16.10
82105	Alpha-fetoprotein, serum	18.68
82106	Alpha-fetoprotein, amniotic	18.68
82108	Assay of aluminum	28.37
82120	Amines, vaginal fluid qual	1.86
82127	Amino acid, single qual	15.44
82128	Amino acids, mult qual	15.44
82131	Amino acids, single quant	18.79
82135	Assay, aminolevulinic acid	18.33
82136	Amino acids, quant, 2-5	6.11
82139	Amino acids, quan, 6 or more	6.11
82140	Assay of ammonia	16.23
82143	Amniotic fluid scan	7.66
82145	Assay of amphetamines	17.31
82150	Assay of amylase	7.22
82154	Androstanediol glucuronide	32.11
82157	Assay of androstenedione	32.60
82160	Assay of androsterone	27.85
82163	Assay of angiotensin II	22.86
82164	Angiotensin I enzyme test	16.25
82172	Assay of apolipoprotein	17.26
82175	Assay of arsenic	16.16
82180	Assay of ascorbic acid	11.01
82190	Atomic absorption	13.61
82205	Assay of barbiturates	12.76
82232	Assay of beta-2 protein	18.02
82239	Bile acids, total	19.08
82240	Bile acids, cholylglycine	29.59
82247	Bilirubin, total	5.14
82248	Bilirubin, direct	5.14
82252	Fecal bilirubin test	5.06
82261	Assay of biotinidase	6.11

(Revised October 2004)

Memo 04-76 MAA

- F.17 -

Fee Schedule

Outpatient Hospital Services

82270	Test for blood, feces	3.62
82273	Test for blood, other source	3.62
82274	Assay test for blood, fecal	14.42
82286	Assay of bradykinin	7.67
82300	Assay of cadmium	25.77
82306	Assay of vitamin D	32.96
82307	Assay of vitamin D	35.88
82308	Assay of calcitonin	29.82
82310	Assay of calcium	5.74
82330	Assay of calcium	15.21
82331	Calcium infusion test	5.76
82340	Assay of calcium in urine	6.72
82355	Calculus analysis, qual	12.89
82360	Calculus assay, quant	14.34
82365	Calculus spectroscopy	14.35
82370	X-ray assay, calculus	13.96
82373	Assay, c-d transfer measure	20.11
82374	Assay, blood carbon dioxide	5.44
82375	Assay, blood carbon monoxide	13.72
82376	Test for carbon monoxide	6.67
82378	Carcinoembryonic antigen	21.13
82379	Assay of carnitine	6.11
82380	Assay of carotene	10.27
82382	Assay, urine catecholamines	19.14
82383	Assay, blood catecholamines	27.90
82384	Assay, three catecholamines	19.38
82387	Assay of cathepsin-d	4.38
82390	Assay of ceruloplasmin	11.96
82397	Chemiluminescent assay	14.59
82415	Assay of chloramphenicol	14.11
82435	Assay of blood chloride	5.12
82436	Assay of urine chloride	5.59
82438	Assay, other fluid chlorides	4.25
82441	Test for chlorohydrocarbons	6.68
82465	Assay, bld/serum cholesterol	4.85
82480	Assay, serum cholinesterase	8.77
82482	Assay, rbc cholinesterase	8.56
82485	Assay, chondroitin sulfate	22.99
82486	Gas/liquid chromatography	20.11
82487	Paper chromatography	17.77
82488	Paper chromatography	23.79
82489	Thin layer chromatography	20.59
82491	Chromotography, quant, sing	20.11
82492	Chromotography, quant, mult	20.11
82495	Assay of chromium	22.59
82507	Assay of citrate	30.45
82520	Assay of cocaine	16.87
82523	Collagen crosslinks	20.81
82525	Assay of copper	12.03
82528	Assay of corticosterone	25.07
82530	Cortisol, free	18.61
82533	Total cortisol	18.16

(Revised October 2004)

Memo 04-76 MAA

- F.18 -

Fee Schedule

Outpatient Hospital Services

82540	Assay of creatine	5.16
82541	Column chromatography, qual	20.11
82542	Column chromatography, quant	20.11
82543	Column chromatograph/isotope	20.11
82544	Column chromatograph/isotope	20.11
82550	Assay of ck (cpk)	7.25
82552	Assay of cpk in blood	14.91
82553	Creatine, MB fraction	12.86
82554	Creatine, isoforms	13.21
82565	Assay of creatinine	5.71
82570	Assay of urine creatinine	5.76
82575	Creatinine clearance test	10.52
82585	Assay of cryofibrinogen	9.53
82595	Assay of cryoglobulin	7.20
82600	Assay of cyanide	21.61
82607	Vitamin B-12	16.78
82608	B-12 binding capacity	15.95
82615	Test for urine cystines	5.48
82626	Dehydroepiandrosterone	28.14
82627	Dehydroepiandrosterone	24.76
82633	Desoxycorticosterone	18.45
82634	Deoxycortisol	22.68
82638	Assay of dibucaine number	13.64
82646	Assay of dihydrocodeinone	22.99
82649	Assay of dihydromorphinone	28.62
82651	Assay of dihydrotestosterone	28.75
82652	Assay of dihydroxyvitamin d	42.86
82654	Assay of dimethadione	15.41
82657	Enzyme cell activity	20.11
82658	Enzyme cell activity, ra	20.11
82664	Electrophoretic test	18.14
82666	Assay of epiandrosterone	23.92
82668	Assay of erythropoietin	20.93
82670	Assay of estradiol	31.11
82671	Assay of estrogens	35.97
82672	Assay of estrogen	24.15
82677	Assay of estriol	26.93
82679	Assay of estrone	22.42
82690	Assay of ethchlorvynol	19.25
82693	Assay of ethylene glycol	10.21
82696	Assay of etiocholanolone	26.26
82705	Fats/lipids, feces, qual	5.18
82710	Fats/lipids, feces, quant	18.71
82715	Assay of fecal fat	3.10
82725	Assay of blood fatty acids	10.98
82726	Long chain fatty acids	20.11
82728	Assay of ferritin	15.17
82731	Assay of fetal fibronectin	71.72
82735	Assay of fluoride	20.65
82742	Assay of flurazepam	22.05
82746	Blood folic acid serum	16.37
82747	Assay of folic acid, rbc	19.29

(Revised October 2004)

Memo 04-76 MAA

- F.19 -

Fee Schedule

Outpatient Hospital Services

82757	Assay of semen fructose	19.32
82759	Assay of rbc galactokinase	23.92
82760	Assay of galactose	12.47
82775	Assay galactose transferase	23.46
82776	Galactose transferase test	9.33
82784	Assay of gammaglobulin igm	10.35
82785	Assay of gammaglobulin ige	18.34
82787	Igg 1, 2, 3 or 4, each	4.68
82800	Blood pH	7.26
82803	Blood gases: pH, pO2 & pCO2	13.57
82805	Blood gases W/02 saturation	27.11
82810	Blood gases, O2 sat only	9.72
82820	Hemoglobin-oxygen affinity	11.13
82926	Assay of gastric acid	4.34
82928	Assay of gastric acid	6.15
82938	Gastrin test	19.70
82941	Assay of gastrin	19.64
82943	Assay of glucagon	15.92
82945	Glucose other fluid	4.37
82946	Glucagon tolerance test	16.78
82947	Assay, glucose, blood quant	4.37
82948	Reagent strip/blood glucose	3.53
82950	Glucose test	5.29
82951	Glucose tolerance test (GTT)	14.34
82952	GTT-added samples	4.37
82953	Glucose-tolbutamide test	16.86
82955	Assay of g6pd enzyme	10.80
82960	Test for G6PD enzyme	6.75
82962	Glucose blood test	2.02
82963	Assay of glucosidase	23.92
82965	Assay of gdh enzyme	8.61
82975	Assay of glutamine	16.36
82977	Assay of GGT	8.02
82978	Assay of glutathione	15.87
82979	Assay, rbc glutathione	7.67
82980	Assay of glutethimide	20.40
82985	Glycated protein	13.06
83001	Gonadotropin (FSH)	19.06
83002	Gonadotropin (LH)	19.38
83003	Assay, growth hormone (hgh)	18.42
83008	Assay of guanosine	18.69
83010	Assay of haptoglobin, quant	14.01
83012	Assay of haptoglobins	19.14
83013	H pylori analysis	75.01
83014	H pylori drug admin/collect	8.75
83015	Heavy metal screen	20.97
83018	Quantitative screen, metals	9.32
83020	Hemoglobin electrophoresis	11.20
83021	Hemoglobin chromatography	20.11
83026	Hemoglobin, copper sulfate	2.63
83030	Fetal hemoglobin, chemical	9.21
83033	Fetal hemoglobin assay, qual	5.80

(Revised October 2004)

Memo 04-76 MAA

- F.20 -

Fee Schedule

Outpatient Hospital Services

83036	Glycated hemoglobin test	10.81
83045	Blood methemoglobin test	5.52
83050	Blood methemoglobin assay	8.15
83051	Assay of plasma hemoglobin	8.14
83055	Blood sulfhemoglobin test	5.48
83060	Blood sulfhemoglobin assay	9.21
83065	Assay of hemoglobin heat	7.67
83068	Hemoglobin stability screen	9.43
83069	Assay of urine hemoglobin	4.39
83070	Assay of hemosiderin, qual	5.29
83071	Assay of hemosiderin, quant	7.66
83080	Assay of b hexosaminidase	6.11
83088	Assay of histamine	32.88
83090	Assay of homocystine	18.79
83150	Assay of for hva	7.79
83491	Assay of corticosteroids	19.50
83497	Assay of 5-hiaa	14.35
83498	Assay of progesterone	30.25
83499	Assay of progesterone	28.07
83500	Assay, free hydroxyproline	20.79
83505	Assay, total hydroxyproline	27.07
83516	Immunoassay, nonantibody	12.85
83518	Immunoassay, dipstick	9.44
83519	Immunoassay, nonantibody	14.13
83520	Immunoassay, RIA	14.42
83525	Assay of insulin	12.74
83527	Assay of insulin	14.42
83528	Assay of intrinsic factor	17.71
83540	Assay of iron	7.21
83550	Iron binding test	9.73
83570	Assay of idh enzyme	9.30
83582	Assay of ketogenic steroids	15.44
83586	Assay 17-ketosteroids	14.26
83593	Fractionation, ketosteroids	29.29
83605	Assay of lactic acid	11.89
83615	Lactate (LD) (LDH) enzyme	6.73
83625	Assay of ldh enzymes	14.25
83632	Placental lactogen	22.51
83633	Test urine for lactose	6.13
83634	Assay of urine for lactose	12.83
83655	Assay of lead	13.48
83661	L/s ratio, fetal lung	19.38
83662	Foam stability, fetal lung	21.06
83663	Fluoro polarize, fetal lung	21.06
83664	Lamellar bdy, fetal lung	21.06
83670	Assay of lap enzyme	10.20
83690	Assay of lipase	7.67
83715	Assay of blood lipoproteins	12.54
83716	Assay of blood lipoproteins	7.15
83718	Assay of lipoprotein	9.12
83719	Assay of blood lipoprotein	12.96
83721	Assay of blood lipoprotein	10.62

Outpatient Hospital Services

83727	Assay of Irh hormone	19.14
83735	Assay of magnesium	7.46
83775	Assay of md enzyme	8.21
83785	Assay of manganese	27.38
83788	Mass spectrometry qual	20.11
83789	Mass spectrometry quant	20.11
83805	Assay of meprobamate	19.63
83825	Assay of mercury	18.11
83835	Assay of metanephrides	18.86
83840	Assay of methadone	18.18
83857	Assay of methemalbumin	11.96
83858	Assay of methsuximide	16.51
83864	Mucopolysaccharides	22.17
83866	Mucopolysaccharides screen	10.97
83872	Assay synovial fluid mucin	6.53
83873	Assay of csf protein	19.16
83874	Assay of myoglobin	14.38
83880	Natriuretic peptide	37.80
83883	Assay, nephelometry not spec	15.14
83885	Assay of nickel	27.28
83887	Assay of nicotine	26.37
83890	Molecule isolate	5.60
83891	Molecule isolate nucleic	5.60
83892	Molecular diagnostics	5.60
83893	Molecule dot/slot/blot	5.60
83894	Molecule gel electrophor	5.60
83896	Molecular diagnostics	5.60
83897	Molecule nucleic transfer	5.60
83898	Molecule nucleic ampli	23.42
83901	Molecule nucleic ampli	23.42
83902	Molecular diagnostics	12.01
83903	Molecule mutation scan	23.42
83904	Molecule mutation identify	23.42
83905	Molecule mutation identify	23.42
83906	Molecule mutation identify	23.42
83912	Genetic examination	5.60
83915	Assay of nucleotidase	12.42
83916	Oligoclonal bands	15.53
83918	Organic acids, total, quant	23.00
83919	Organic acids, qual, each	18.33
83921	Organic acid, single, quant	18.33
83925	Assay of opiates	21.67
83930	Assay of blood osmolality	7.36
83935	Assay of urine osmolality	7.15
83937	Assay of osteocalcin	33.24
83945	Assay of oxalate	14.34
83950	Oncoprotein, her-2/neu	71.72
83970	Assay of parathormone	45.96
83986	Assay of body fluid acidity	3.20
83992	Assay for phencyclidine	16.37
84022	Assay of phenothiazine	14.14
84030	Assay of blood pku	5.94

Outpatient Hospital Services

84035	Assay of phenylketones	2.34
84060	Assay acid phosphatase	7.36
84061	Phosphatase, forensic exam	8.81
84066	Assay prostate phosphatase	10.76
84075	Assay alkaline phosphatase	5.76
84078	Assay alkaline phosphatase	8.13
84080	Assay alkaline phosphatases	16.47
84081	Amniotic fluid enzyme test	18.40
84085	Assay of rbc pg6d enzyme	7.51
84087	Assay phosphohexose enzymes	11.49
84100	Assay of phosphorus	5.28
84105	Assay of urine phosphorus	5.76
84106	Test for porphobilinogen	4.77
84110	Assay of porphobilinogen	9.01
84119	Test urine for porphyrins	9.59
84120	Assay of urine porphyrins	16.38
84126	Assay of feces porphyrins	16.47
84127	Assay of feces porphyrins	12.98
84132	Assay of serum potassium	5.12
84133	Assay of urine potassium	4.79
84134	Assay of prealbumin	16.24
84135	Assay of pregnanediol	21.30
84138	Assay of pregnanetriol	21.09
84140	Assay of pregnenolone	23.03
84143	Assay of 17-hydroxypregneno	25.42
84144	Assay of progesterone	22.90
84146	Assay of prolactin	21.58
84150	Assay of prostaglandin	9.74
84152	Assay of psa, complexed	20.48
84153	Assay of psa, total	20.48
84154	Assay of psa, free	20.48
84155	Assay of protein, serum	4.08
84156	Assay of protein, urine	4.08
84157	Assay of protein, other	4.08
84160	Assay of protein, any source	5.76
84165	Electrophoresis of proteins	11.96
84181	Western blot test	18.97
84182	Protein, western blot test	20.04
84202	Assay RBC protoporphyrin	15.98
84203	Test RBC protoporphyrin	9.59
84206	Assay of proinsulin	19.84
84207	Assay of vitamin b-6	19.26
84210	Assay of pyruvate	12.09
84220	Assay of pyruvate kinase	10.50
84228	Assay of quinine	12.96
84233	Assay of estrogen	71.72
84234	Assay of progesterone	72.24
84235	Assay of endocrine hormone	58.28
84238	Assay, nonendocrine receptor	40.72
84244	Assay of renin	24.49
84252	Assay of vitamin b-2	5.18
84255	Assay of selenium	28.43

Outpatient Hospital Services

84260	Assay of serotonin	34.49
84270	Assay of sex hormone globul	24.20
84275	Assay of sialic acid	9.01
84285	Assay of silica	26.22
84295	Assay of serum sodium	5.36
84300	Assay of urine sodium	5.41
84302	Assay of sweat sodium	5.41
84305	Assay of somatomedin	23.67
84307	Assay of somatostatin	20.36
84311	Spectrophotometry	7.79
84315	Body fluid specific gravity	1.86
84375	Chromatogram assay, sugars	4.26
84376	Sugars, single, qual	6.13
84377	Sugars, multiple, qual	6.13
84378	Sugars, single, quant	12.83
84379	Sugars multiple quant	12.83
84392	Assay of urine sulfate	5.29
84402	Assay of testosterone	28.35
84403	Assay of total testosterone	28.76
84425	Assay of vitamin b-1	23.65
84430	Assay of thiocyanate	11.82
84432	Assay of thyroglobulin	17.88
84436	Assay of total thyroxine	7.66
84437	Assay of neonatal thyroxine	5.80
84439	Assay of free thyroxine	9.74
84442	Assay of thyroid activity	7.79
84443	Assay thyroid stim hormone	18.64
84445	Assay of tsi	56.63
84446	Assay of vitamin e	15.79
84449	Assay of transcontin	20.04
84450	Transferase (AST) (SGOT)	5.75
84460	Alanine amino (ALT) (SGPT)	5.90
84466	Assay of transferrin	14.22
84478	Assay of triglycerides	6.41
84479	Assay of thyroid (t3 or t4)	7.20
84480	Assay, triiodothyronine (t3)	15.79
84481	Free assay (FT-3)	8.08
84482	T3 reverse	17.55
84484	Assay of troponin, quant	10.96
84485	Assay duodenal fluid trypsin	8.36
84488	Test feces for trypsin	8.13
84490	Assay of feces for trypsin	8.47
84510	Assay of tyrosine	6.73
84512	Assay of troponin, qual	8.58
84520	Assay of urea nitrogen	4.39
84525	Urea nitrogen semi-quant	1.86
84540	Assay of urine/urea-n	5.18
84545	Urea-N clearance test	6.93
84550	Assay of blood/uric acid	5.03
84560	Assay of urine/uric acid	5.29
84577	Assay of feces/urobilinogen	13.89
84578	Test urine urobilinogen	3.62

(Revised October 2004)

Memo 04-76 MAA

- F.24 -

Fee Schedule

Outpatient Hospital Services

	84580	Assay of urine urobilinogen	4.57
	84583	Assay of urine urobilinogen	5.59
	84585	Assay of urine vma	17.26
	84586	Assay of vip	39.35
	84588	Assay of vasopressin	37.80
	84590	Assay of vitamin a	12.91
	84591	Assay of nos vitamin	12.91
	84597	Assay of vitamin k	15.26
	84600	Assay of volatiles	17.89
	84620	Xylose tolerance test	13.19
	84630	Assay of zinc	11.78
	84681	Assay of c-peptide	23.17
	84702	Chorionic gonadotropin test	16.76
	84703	Chorionic gonadotropin assay	8.36
	84830	Ovulation tests	4.18
	84999	Clinical chemistry test	7.17
	85002	Bleeding time test	5.01
	85004	Automated diff wbc count	7.20
	85007	Bl smear w/diff wbc count	3.83
	85008	Bl smear w/o diff wbc count	3.83
	85009	Manual diff wbc count b-coat	4.14
	85013	Spun microhematocrit	2.64
	85014	Hematocrit	2.64
	85018	Hemoglobin	2.64
	85025	Complete cbc w/auto diff wbc	8.66
	85027	Complete cbc, automated	7.20
	85032	Manual cell count, each	4.79
	85041	Automated rbc count	3.35
	85044	Manual reticulocyte count	4.79
	85045	Automated reticulocyte count	5.59
	85046	Reticyte/hgb concentrate	6.22
	85048	Automated leukocyte count	2.83
	85049	Automated platelet count	4.98
PA	85055	Reticulated platelet assay	20.15
	85060	Blood smear interpretation	15.19
	85097	Bone marrow interpretation	31.51
	85130	Chromogenic substrate assay	13.25
	85170	Blood clot retraction	3.20
	85175	Blood clot lysis time	5.06
	85210	Blood clot factor II test	6.84
	85220	Blood clot factor V test	18.14
	85230	Blood clot factor VII test	15.53
	85240	Blood clot factor VIII test	19.94
	85244	Blood clot factor VIII test	22.74
	85245	Blood clot factor VIII test	25.55
	85246	Blood clot factor VIII test	25.55
	85247	Blood clot factor VIII test	25.55
	85250	Blood clot factor IX test	18.14
	85260	Blood clot factor X test	19.94
	85270	Blood clot factor XI test	18.14
	85280	Blood clot factor XII test	21.55
	85290	Blood clot factor XIII test	18.14

(Revised October 2004)

Memo 04-76 MAA

- F.25 -

Fee Schedule

Outpatient Hospital Services

	85291	Blood clot factor XIII test	9.90
	85292	Blood clot factor assay	21.09
	85293	Blood clot factor assay	21.09
	85300	Antithrombin III test	13.19
	85301	Antithrombin III test	12.04
	85302	Blood clot inhibitor antigen	13.39
	85303	Blood clot inhibitor test	15.40
	85305	Blood clot inhibitor assay	12.91
	85306	Blood clot inhibitor test	17.06
	85307	Assay activated protein c	17.06
	85335	Factor inhibitor test	14.34
	85337	Thrombomodulin	11.60
	85345	Coagulation time	4.79
	85347	Coagulation time	4.74
	85348	Coagulation time	4.14
	85360	Euglobulin lysis	9.36
	85362	Fibrin degradation products	7.67
	85366	Fibrinogen test	9.59
	85370	Fibrinogen test	12.65
	85378	Fibrin degrade, semiquant	7.95
	85379	Fibrin degradation, quant	11.33
	85380	Fibrin degradation, vte	11.33
	85384	Fibrinogen	8.95
	85385	Fibrinogen	8.95
	85390	Fibrinolysins screen	5.75
PA	85396	Clotting assay, whole blood	12.92
	85400	Fibrinolytic plasmin	9.85
	85410	Fibrinolytic antiplasmin	8.58
	85415	Fibrinolytic plasminogen	12.45
	85420	Fibrinolytic plasminogen	7.28
	85421	Fibrinolytic plasminogen	11.34
	85441	Heinz bodies, direct	4.69
	85445	Heinz bodies, induced	7.59
	85460	Hemoglobin, fetal	2.79
	85461	Hemoglobin, fetal	7.38
	85475	Hemolysin	9.63
	85520	Heparin assay	14.58
	85525	Heparin neutralization	13.19
	85530	Heparin-protamine tolerance	15.79
	85536	Iron stain peripheral blood	7.20
	85540	Wbc alkaline phosphatase	9.58
	85547	RBC mechanical fragility	9.58
	85549	Muramidase	19.38
	85555	RBC osmotic fragility	6.47
	85557	RBC osmotic fragility	14.87
	85576	Blood platelet aggregation	23.92
	85597	Platelet neutralization	20.02
	85610	Prothrombin time	4.38
	85611	Prothrombin test	4.39
	85612	Viper venom prothrombin time	10.66
	85613	Russell viper venom, diluted	10.66
	85635	Reptilase test	9.74

(Revised October 2004)

Memo 04-76 MAA

- F.26 -

Fee Schedule

Outpatient Hospital Services

85651	Rbc sed rate, nonautomated	3.95
85652	Rbc sed rate, automated	3.00
85660	RBC sickle cell test	6.14
85670	Thrombin time, plasma	6.43
85675	Thrombin time, titer	7.64
85705	Thromboplastin inhibition	10.50
85730	Thromboplastin time, partial	6.47
85732	Thromboplastin time, partial	7.20
85810	Blood viscosity examination	9.14
85999	Hematology procedure	B.R.
86000	Agglutinins, febrile	7.77
86001	Allergen specific igg	5.82
86003	Allergen specific IgE	5.82
86005	Allergen specific IgE	5.53
86021	WBC antibody identification	16.76
86022	Platelet antibodies	16.72
86023	Immunoglobulin assay	13.87
86038	Antinuclear antibodies	13.46
86039	Antinuclear antibodies (ANA)	12.43
86060	Antistreptolysin o, titer	8.13
86063	Antistreptolysin o, screen	5.59
86077	Physician blood bank service	31.51
86078	Physician blood bank service	31.28
86079	Physician blood bank service	31.51
86140	C-reactive protein	5.76
86141	C-reactive protein, hs	14.42
86146	Glycoprotein antibody	28.33
86147	Cardiolipin antibody	28.33
86148	Phospholipid antibody	17.88
86155	Chemotaxis assay	3.89
86156	Cold agglutinin, screen	7.46
86157	Cold agglutinin, titer	8.98
86160	Complement, antigen	13.37
86161	Complement/function activity	13.37
86162	Complement, total (CH50)	22.63
86171	Complement fixation, each	6.47
86185	Counterimmunoelectrophoresis	9.96
86215	Deoxyribonuclease, antibody	14.75
86225	DNA antibody	15.30
86226	DNA antibody, single strand	12.31
86235	Nuclear antigen antibody	19.97
86243	Fc receptor	13.26
86255	Fluorescent antibody, screen	13.42
86256	Fluorescent antibody, titer	13.42
86277	Growth hormone antibody	17.53
86280	Hemagglutination inhibition	9.12
86294	Immunoassay, tumor, qual	21.85
86300	Immunoassay, tumor, ca 15-3	23.17
86301	Immunoassay, tumor, ca 19-9	23.17
86304	Immunoassay, tumor, ca 125	23.17
86308	Heterophile antibodies	5.76
86309	Heterophile antibodies	5.48

(Revised October 2004)

Memo 04-76 MAA

- F.27 -

Fee Schedule

Outpatient Hospital Services

86310	Heterophile antibodies	8.21
86316	Immunoassay, tumor other	23.17
86317	Immunoassay,infectious agent	15.14
86318	Immunoassay,infectious agent	14.42
86320	Serum immunoelectrophoresis	24.96
86325	Other immunoelectrophoresis	24.90
86327	Immunoelectrophoresis assay	25.26
86329	Immunodiffusion	15.64
86331	Immunodiffusion ouchterlony	13.35
86332	Immune complex assay	27.14
86334	Immunofixation procedure	24.87
86336	Inhibin A	B.R.
86337	Insulin antibodies	23.85
86340	Intrinsic factor antibody	16.78
86341	Islet cell antibody	22.04
86343	Leukocyte histamine release	13.88
86344	Leukocyte phagocytosis	8.89
86353	Lymphocyte transformation	54.59
86359	T cells, total count	42.00
86360	T cell, absolute count/ratio	52.32
86361	T cell, absolute count	20.15
86376	Microsomal antibody	16.20
86378	Migration inhibitory factor	21.93
86382	Neutralization test, viral	18.83
86384	Nitroblue tetrazolium dye	12.68
86403	Particle agglutination test	11.35
86406	Particle agglutination test	11.85
86430	Rheumatoid factor test	6.32
86431	Rheumatoid factor, quant	6.32
86485	Skin test, candida	B.R.
86490	Coccidioidomycosis skin test	7.03
86510	Histoplasmosis skin test	7.71
86580	TB intradermal test	6.35
86585	TB tine test	4.99
86586	Skin test, unlisted	B.R.
86590	Streptokinase, antibody	12.28
86592	Blood serology, qualitative	4.75
86593	Blood serology, quantitative	4.91
86602	Antinomyces antibody	11.33
86603	Adenovirus antibody	14.33
86606	Aspergillus antibody	16.76
86609	Bacterium antibody	14.35
86611	Bartonella antibody	11.33
86612	Blastomyces antibody	14.37
86615	Bordetella antibody	14.69
86617	Lyme disease antibody	17.25
86618	Lyme disease antibody	18.97
86619	Borrelia antibody	14.90
86622	Brucella antibody	9.95
86625	Campylobacter antibody	14.61
86628	Candida antibody	13.37
86631	Chlamydia antibody	13.17

Outpatient Hospital Services

86632	Chlamydia igm antibody	14.14
86635	Coccidioides antibody	12.78
86638	Q fever antibody	13.50
86641	Cryptococcus antibody	16.05
86644	CMV antibody	14.65
86645	CMV antibody, IgM	18.76
86648	Diphtheria antibody	13.61
86651	Encephalitis antibody	14.69
86652	Encephalitis antibody	14.69
86653	Encephalitis antibody	14.69
86654	Encephalitis antibody	14.69
86658	Enterovirus antibody	14.51
86663	Epstein-barr antibody	14.61
86664	Epstein-barr antibody	17.04
86665	Epstein-barr antibody	20.20
86666	Ehrlichia antibody	11.33
86668	Francisella tularensis	11.58
86671	Fungus antibody	8.51
86674	Giardia lamblia antibody	16.39
86677	Helicobacter pylori	16.16
86682	Helminth antibody	14.48
86684	Hemophilus influenza	17.65
86687	Htlv-i antibody	9.34
86688	Htlv-ii antibody	15.60
86689	HTLV/HIV confirmatory test	27.05
86692	Hepatitis, delta agent	19.11
86694	Herpes simplex test	14.65
86695	Herpes simplex test	14.69
86696	Herpes simplex type 2	21.56
86698	Histoplasma	13.92
86701	HIV-1	9.89
86702	HIV-2	15.05
86703	HIV-1/HIV-2, single assay	15.28
86704	Hep b core antibody, total	13.42
86705	Hep b core antibody, igm	13.10
86706	Hep b surface antibody	11.96
86707	Hep be antibody	12.88
86708	Hep a antibody, total	13.80
86709	Hep a antibody, igm	12.54
86710	Influenza virus antibody	15.10
86713	Legionella antibody	17.05
86717	Leishmania antibody	13.64
86720	Leptospira antibody	14.69
86723	Listeria monocytogenes ab	14.69
86727	Lymph choriomeningitis ab	14.33
86729	Lympho venereum antibody	13.30
86732	Mucormycosis antibody	14.69
86735	Mumps antibody	14.53
86738	Mycoplasma antibody	14.75
86741	Neisseria meningitidis	14.69
86744	Nocardia antibody	14.69
86747	Parvovirus antibody	16.74

(Revised October 2004)

Memo 04-76 MAA

- F.29 -

Fee Schedule

Outpatient Hospital Services

86750	Malaria antibody	13.61
86753	Protozoa antibody nos	13.80
86756	Respiratory virus antibody	14.35
86757	Rickettsia antibody	21.56
86759	Rotavirus antibody	14.69
86762	Rubella antibody	14.65
86765	Rubeola antibody	14.35
86768	Salmonella antibody	11.48
86771	Shigella antibody	14.69
86774	Tetanus antibody	9.68
86777	Toxoplasma antibody	14.65
86778	Toxoplasma antibody, igm	16.04
86781	Treponema pallidum, confirm	14.74
86784	Trichinella antibody	13.99
86787	Varicella-zoster antibody	14.35
86790	Virus antibody nos	14.35
86793	Yersinia antibody	14.69
86800	Thyroglobulin antibody	17.71
86803	Hepatitis c ab test	15.89
86804	Hep c ab test, confirm	17.25
86805	Lymphocytotoxicity assay	24.00
86806	Lymphocytotoxicity assay	19.38
86807	Cytotoxic antibody screening	23.27
86808	Cytotoxic antibody screening	14.65
86812	HLA typing, A, B, or C	28.74
86813	HLA typing, A, B, or C	64.57
86816	HLA typing, DR/DQ	31.02
86817	HLA typing, DR/DQ	71.69
86821	Lymphocyte culture, mixed	62.87
86822	Lymphocyte culture, primed	40.70
86849	Immunology procedure	B.R.
86850	RBC antibody screen	7.74
86860	RBC antibody elution	B.R.
86870	RBC antibody identification	B.R.
86880	Coombs test, direct	5.98
86885	Coombs test, indirect, qual	6.37
86886	Coombs test, indirect, titer	5.76
86890	Autologous blood process	112.03
86891	Autologous blood, op salvage	B.R.
86900	Blood typing, ABO	3.32
86901	Blood typing, Rh (D)	3.32
86903	Blood typing, antigen screen	10.51
86904	Blood typing, patient serum	10.58
86905	Blood typing, RBC antigens	3.89
86906	Blood typing, Rh phenotype	8.28
86910	Blood typing, paternity test	#
86911	Blood typing, antigen system	#
86920	Compatibility test	B.R.
86921	Compatibility test	B.R.
86922	Compatibility test	B.R.
86927	Plasma, fresh frozen	B.R.
86930	Frozen blood prep	B.R.

(Revised October 2004)

Memo 04-76 MAA

- F.30 -

Fee Schedule

Outpatient Hospital Services

86931	Frozen blood thaw	B.R.
86932	Frozen blood freeze/thaw	B.R.
86940	Hemolysins/agglutinins, auto	9.13
86941	Hemolysins/agglutinins	13.49
86945	Blood product/irradiation	B.R.
86950	Leukocyte transfusion	3.66
86965	Pooling blood platelets	B.R.
86970	RBC pretreatment	B.R.
86971	RBC pretreatment	B.R.
86972	RBC pretreatment	B.R.
86975	RBC pretreatment, serum	B.R.
86976	RBC pretreatment, serum	B.R.
86977	RBC pretreatment, serum	B.R.
86978	RBC pretreatment, serum	B.R.
86985	Split blood or products	B.R.
86999	Transfusion procedure	12.99
87001	Small animal inoculation	5.80
87003	Small animal inoculation	18.75
87015	Specimen concentration	7.44
87040	Blood culture for bacteria	11.49
87045	Feces culture, bacteria	10.50
87046	Stool cultur, bacteria, each	10.50
87070	Culture, bacteria, other	9.59
87071	Culture bacteri aerobic othr	10.50
87073	Culture bacteria anaerobic	10.50
87075	Cultr bacteria, except blood	10.54
87076	Culture anaerobe ident, each	9.00
87077	Culture aerobic identify	9.00
87081	Culture screen only	7.38
87084	Culture of specimen by kit	9.59
87086	Urine culture/colony count	8.99
87088	Urine bacteria culture	7.15
87101	Skin fungi culture	8.58
87102	Fungus isolation culture	9.36
87103	Blood fungus culture	10.04
87106	Fungi identification, yeast	11.49
87107	Fungi identification, mold	11.49
87109	Mycoplasma	12.03
87110	Chlamydia culture	21.81
87116	Mycobacteria culture	12.03
87118	Mycobacteric identification	12.19
87140	Culture type immunofluoresc	6.21
87143	Culture typing, glc/hplc	13.96
87147	Culture type, immunologic	5.76
87149	Culture type, nucleic acid	22.33
87152	Culture type pulse field gel	5.83
87158	Culture typing, added method	5.83
87164	Dark field examination	11.96
87166	Dark field examination	5.18
87168	Macroscopic exam arthropod	4.75
87169	Macroscopic exam parasite	4.75
87172	Pinworm exam	4.75

Outpatient Hospital Services

87176	Tissue homogenization, cultr	5.80
87177	Ova and parasites smears	9.91
87181	Microbe susceptible, diffuse	5.29
87184	Microbe susceptible, disk	7.68
87185	Microbe susceptible, enzyme	5.29
87186	Microbe susceptible, mic	9.63
87187	Microbe susceptible, mlc	11.54
87188	Microbe suspect, macrobroth	7.39
87190	Microbe suspect, mycobacteri	6.30
87197	Bactericidal level, serum	16.73
87205	Smear, gram stain	4.75
87206	Smear, fluorescent/acid stai	5.98
87207	Smear, special stain	6.67
87210	Smear, wet mount, saline/ink	4.75
87220	Tissue exam for fungi	4.75
87230	Assay, toxin or antitoxin	21.99
87250	Virus inoculate, eggs/animal	21.34
87252	Virus inoculation, tissue	29.03
87253	Virus inoculate tissue, addl	22.49
87254	Virus inoculation, shell via	21.34
87255	Genet virus isolate, hsv	37.71
87260	Adenovirus ag, if	13.36
87265	Pertussis ag, if	13.36
87267	Enterovirus antibody, dfa	13.36
87269	Giardia ag, if	13.36
87270	Chlamydia trachomatis ag, if	13.36
87271	Cryptosporidium/gardia ag, if	13.36
87272	Cryptosporidium ag, if	13.36
87273	Herpes simplex 2, ag, if	13.36
87274	Herpes simplex 1, ag, if	13.36
87275	Influenza b, ag, if	13.36
87276	Influenza a, ag, if	13.36
87277	Legionella mcdadei, ag, if	13.36
87278	Legion pneumophilia ag, if	13.36
87279	Parainfluenza, ag, if	13.36
87280	Respiratory syncytial ag, if	13.36
87281	Pneumocystis carinii, ag, if	13.36
87283	Rubeola, ag, if	13.36
87285	Treponema pallidum, ag, if	13.36
87290	Varicella zoster, ag, if	13.36
87299	Antibody detection, nos, if	13.36
87300	Ag detection, polyval, if	13.36
87301	Adenovirus ag, eia	13.36
87320	Chylmd trach ag, eia	13.36
87324	Clostridium ag, eia	13.36
87327	Cryptococcus neoform ag, eia	13.36
87328	Cryptosporidium ag, eia	13.36
87329	Giardia ag, eia	13.36
87332	Cytomegalovirus ag, eia	13.36
87335	E coli 0157 ag, eia	13.36
87336	Entamoeb hist dispr, ag, eia	13.36
87337	Entamoeb hist group, ag, eia	13.36

Outpatient Hospital Services

87338	H pylori, stool, eia	13.36
87339	H pylori ag, eia	13.36
87340	Hepatitis b surface ag, eia	11.50
87341	Hepatitis b surface, ag, eia	11.50
87350	Hepatitis be ag, eia	12.83
87380	Hepatitis delta ag, eia	18.28
87385	Histoplasma capsul ag, eia	13.36
87390	Hiv-1 ag, eia	19.65
87391	Hiv-2 ag, eia	19.65
87400	Influenza a/b, ag, eia	13.36
87420	Resp syncytial ag, eia	13.36
87425	Rotavirus ag, eia	13.36
87427	Shiga-like toxin ag, eia	13.36
87430	Strep a ag, eia	13.36
87449	Ag detect nos, eia, mult	13.36
87450	Ag detect nos, eia, single	10.67
87451	Ag detect polyval, eia, mult	10.67
87470	Bartonella, dna, dir probe	22.33
87471	Bartonella, dna, amp probe	39.08
87472	Bartonella, dna, quant	47.70
87475	Lyme dis, dna, dir probe	22.33
87476	Lyme dis, dna, amp probe	39.08
87477	Lyme dis, dna, quant	47.70
87480	Candida, dna, dir probe	22.33
87481	Candida, dna, amp probe	39.08
87482	Candida, dna, quant	46.49
87485	Chylmd pneum, dna, dir probe	22.33
87486	Chylmd pneum, dna, amp probe	39.08
87487	Chylmd pneum, dna, quant	47.70
87490	Chylmd trach, dna, dir probe	22.33
87491	Chylmd trach, dna, amp probe	39.08
87492	Chylmd trach, dna, quant	38.93
87495	Cytomeg, dna, dir probe	22.33
87496	Cytomeg, dna, amp probe	39.08
87497	Cytomeg, dna, quant	47.70
87510	Gardner vag, dna, dir probe	22.33
87511	Gardner vag, dna, amp probe	39.08
87512	Gardner vag, dna, quant	46.49
87515	Hepatitis b, dna, dir probe	22.33
87516	Hepatitis b, dna, amp probe	39.08
87517	Hepatitis b, dna, quant	47.70
87520	Hepatitis c, rna, dir probe	22.33
87521	Hepatitis c, rna, amp probe	39.08
87522	Hepatitis c, rna, quant	47.70
87525	Hepatitis g, dna, dir probe	22.33
87526	Hepatitis g, dna, amp probe	39.08
87527	Hepatitis g, dna, quant	46.49
87528	Hsv, dna, dir probe	22.33
87529	Hsv, dna, amp probe	39.08
87530	Hsv, dna, quant	47.70
87531	Hhv-6, dna, dir probe	22.33
87532	Hhv-6, dna, amp probe	39.08

(Revised October 2004)

Memo 04-76 MAA

- F.33 -

Fee Schedule

Outpatient Hospital Services

87533	Hhv-6, dna, quant	46.49
87534	Hiv-1, dna, dir probe	22.33
87535	Hiv-1, dna, amp probe	39.08
87536	Hiv-1, dna, quant	94.76
87537	Hiv-2, dna, dir probe	22.33
87538	Hiv-2, dna, amp probe	39.08
87539	Hiv-2, dna, quant	47.70
87540	Legion pneumo, dna, dir prob	22.33
87541	Legion pneumo, dna, amp prob	39.08
87542	Legion pneumo, dna, quant	46.49
87550	Mycobacteria, dna, dir probe	22.33
87551	Mycobacteria, dna, amp probe	39.08
87552	Mycobacteria, dna, quant	47.70
87555	M.tuberculo, dna, dir probe	22.33
87556	M.tuberculo, dna, amp probe	39.08
87557	M.tuberculo, dna, quant	47.70
87560	M.avium-intra, dna, dir prob	22.33
87561	M.avium-intra, dna, amp prob	39.08
87562	M.avium-intra, dna, quant	47.70
87580	M.pneumon, dna, dir probe	22.33
87581	M.pneumon, dna, amp probe	39.08
87582	M.pneumon, dna, quant	46.49
87590	N.gonorrhoeae, dna, dir prob	22.33
87591	N.gonorrhoeae, dna, amp prob	39.08
87592	N.gonorrhoeae, dna, quant	47.70
87620	Hpv, dna, dir probe	22.33
87621	Hpv, dna, amp probe	39.08
87622	Hpv, dna, quant	46.49
87650	Strep a, dna, dir probe	22.33
87651	Strep a, dna, amp probe	39.08
87652	Strep a, dna, quant	46.49
87660	Trichomonas vagin, dir probe	22.33
87797	Detect agent nos, dna, dir	22.33
87798	Detect agent nos, dna, amp	39.08
87799	Detect agent nos, dna, quant	47.70
87800	Detect agnt mult, dna, direc	44.66
87801	Detect agnt mult, dna, ampli	78.16
87802	Strep b assay w/optic	13.36
87803	Clostridium toxin a w/optic	13.36
87804	Influenza assay w/optic	13.36
87810	Chylimd trach assay w/optic	13.36
87850	N. gonorrhoeae assay w/optic	13.36
87880	Strep a assay w/optic	13.36
87899	Agent nos assay w/optic	13.36
87901	Genotype, dna, hiv reverse t	286.67
87902	Genotype, dna, hepatitis C	286.67
87903	Phenotype, dna hiv w/culture	544.13
87904	Phenotype, dna hiv w/clt add	29.03
87999	Microbiology procedure	B.R.
88000	Autopsy (necropsy), gross	#
88005	Autopsy (necropsy), gross	#
88007	Autopsy (necropsy), gross	#

(Revised October 2004)

Memo 04-76 MAA

- F.34 -

Fee Schedule

Outpatient Hospital Services

88012	Autopsy (necropsy), gross	#
88014	Autopsy (necropsy), gross	#
88016	Autopsy (necropsy), gross	#
88020	Autopsy (necropsy), complete	#
88025	Autopsy (necropsy), complete	#
88027	Autopsy (necropsy), complete	#
88028	Autopsy (necropsy), complete	#
88029	Autopsy (necropsy), complete	#
88036	Limited autopsy	#
88037	Limited autopsy	#
88040	Forensic autopsy (necropsy)	#
88045	Coroner's autopsy (necropsy)	#
88099	Necropsy (autopsy) procedure	#
88104	Cytopathology, fluids	11.79
88106	Cytopathology, fluids	8.84
88107	Cytopathology, fluids	14.96
88108	Cytopath, concentrate tech	13.15
88112	Cytopath, cell enhance tech	34.01
88125	Forensic cytopathology	3.40
88130	Sex chromatin identification	16.75
88140	Sex chromatin identification	8.90
88141	Cytopath, c/v, interpret	13.83
88142	Cytopath, c/v, thin layer	28.31
88143	Cytopath c/v thin layer redo	28.31
88147	Cytopath, c/v, automated	15.90
88148	Cytopath, c/v, auto rescreen	21.23
88150	Cytopath, c/v, manual	14.76
88152	Cytopath, c/v, auto redo	14.76
88153	Cytopath, c/v, redo	14.76
88154	Cytopath, c/v, select	14.76
88155	Cytopath, c/v, index add-on	8.37
88160	Cytopath smear, other source	16.32
88161	Cytopath smear, other source	15.42
88162	Cytopath smear, other source	8.16
88164	Cytopath tbs, c/v, manual	14.76
88165	Cytopath tbs, c/v, redo	14.76
88166	Cytopath tbs, c/v, auto redo	14.76
88167	Cytopath tbs, c/v, select	14.76
88172	Cytopathology eval of fna	9.29
88173	Cytopath eval, fna, report	26.75
88174	Cytopath, c/v auto, in fluid	29.53
88175	Cytopath c/v auto fluid redo	36.61
88180	Cell marker study	29.47
88182	Cell marker study	29.47
88199	Cytopathology procedure	B.R.
88230	Tissue culture, lymphocyte	129.73
88233	Tissue culture, skin/biopsy	156.71
88235	Tissue culture, placenta	163.97
88237	Tissue culture, bone marrow	140.65
88239	Tissue culture, tumor	164.28
88240	Cell cryopreserve/storage	#
88241	Frozen cell preparation	#

Outpatient Hospital Services

88245	Chromosome analysis, 20-25	165.76
88248	Chromosome analysis, 50-100	192.84
88249	Chromosome analysis, 100	192.84
88261	Chromosome analysis, 5	196.80
88262	Chromosome analysis, 15-20	138.79
88263	Chromosome analysis, 45	167.35
88264	Chromosome analysis, 20-25	138.79
88267	Chromosome analys, placenta	200.18
88269	Chromosome analys, amniotic	185.21
88271	Cytogenetics, dna probe	23.85
88272	Cytogenetics, 3-5	29.82
88273	Cytogenetics, 10-30	35.78
88274	Cytogenetics, 25-99	38.76
88275	Cytogenetics, 100-300	44.72
88280	Chromosome karyotype study	27.95
88283	Chromosome banding study	31.66
88285	Chromosome count, additional	21.15
88289	Chromosome study, additional	38.34
88291	Cyto/molecular report	18.59
88299	Cytogenetic study	15.25
88300	Surgical path, gross	5.67
88302	Tissue exam by pathologist	14.74
88304	Tissue exam by pathologist	17.91
88305	Tissue exam by pathologist	32.87
88307	Tissue exam by pathologist	46.02
88309	Tissue exam by pathologist	52.59
88311	Decalcify tissue	2.27
88312	Special stains	25.62
88313	Special stains	22.67
88314	Histochemical stain	16.10
88318	Chemical histochemistry	14.06
88319	Enzyme histochemistry	38.31
88321	Microslide consultation	43.30
88323	Microslide consultation	19.95
88325	Comprehensive review of data	74.58
88329	Path consult introp	22.44
88331	Path consult intraop, 1 bloc	11.34
88332	Path consult intraop, add'l	5.89
88342	Immunohistochemistry	22.90
88346	Immunofluorescent study	24.94
88347	Immunofluorescent study	32.42
88348	Electron microscopy	180.45
88349	Scanning electron microscopy	222.17
88355	Analysis, skeletal muscle	42.39
88356	Analysis, nerve	37.86
88358	Analysis, tumor	4.53
88361	Immunohistochemistry, tumor	51.23
88362	Nerve teasing preparations	80.71
88365	Tissue hybridization	41.71
88371	Protein, western blot tissue	13.78
88372	Protein analysis w/probe	20.67
88380	Microdissection	B.R.

Outpatient Hospital Services

88399	Surgical pathology procedure	B.R.
88400	Bilirubin total transcut	5.14
89050	Body fluid cell count	5.27
89051	Body fluid cell count	6.14
89055	Leukocyte assessment, fecal	4.75
89060	Exam,synovial fluid crystals	7.96
89100	Sample intestinal contents	19.04
89105	Sample intestinal contents	15.64
89125	Specimen fat stain	4.81
89130	Sample stomach contents	13.60
89132	Sample stomach contents	5.89
89135	Sample stomach contents	24.48
89136	Sample stomach contents	7.03
89140	Sample stomach contents	28.56
89141	Sample stomach contents	27.88
89160	Exam feces for meat fibers	2.61
89190	Nasal smear for eosinophils	5.29
89220	Sputum specimen collection	9.52
89225	Starch granules, feces	2.61
89230	Collect sweat for test	10.43
89235	Water load test	2.96
89240	Pathology lab procedure	#
89250	Cultr oocyte/embryo <4 days	#
89251	Cultr oocyte/embryo <4 days	#
89253	Embryo hatching	#
89254	Oocyte identification	#
89255	Prepare embryo for transfer	#
89257	Sperm identification	#
89258	Cryopreservation; embryo(s)	#
89259	Cryopreservation, sperm	#
89260	Sperm isolation, simple	#
89261	Sperm isolation, complex	#
89264	Identify sperm tissue	#
89268	Insemination of oocytes	#
89272	Extended culture of oocytes	#
89280	Assist oocyte fertilization	#
89281	Assist oocyte fertilization	#
89290	Biopsy, oocyte polar body	#
89291	Biopsy, oocyte polar body	#
89300	Semen analysis w/huhner	#
89310	Semen analysis w/count	#
89320	Semen analysis, complete	#
89321	Semen analysis & motility	Bundled
89325	Sperm antibody test	#
89329	Sperm evaluation test	#
89330	Evaluation, cervical mucus	#
89335	Cryopreserve testicular tiss	#
89342	Storage/year; embryo(s)	#
89343	Storage/year; sperm/semen	#
89344	Storage/year; reprod tissue	#
89346	Storage/year; oocyte	#
89352	Thawing cryopresrvd; embryo	#

Outpatient Hospital Services

PA	89353	Thawing cryopresrvd; sperm	#
	89354	Thaw cryoprsvrd; reprod tiss	#
	89356	Thawing cryopresrvd; oocyte	#
	90378	Rsv ig, im, 50mg	597.35
	91000	Esophageal intubation	2.04
	91010	Esophagus motility study	53.27
	91011	Esophagus motility study	62.34
	91012	Esophagus motility study	66.20
	91020	Gastric motility	57.36
	91030	Acid perfusion of esophagus	47.83
	91032	Esophagus, acid reflux test	85.69
	91033	Prolonged acid reflux test	87.05
	91052	Gastric analysis test	44.21
	91055	Gastric intubation for smear	48.51
	91060	Gastric saline load test	4.08
	91065	Breath hydrogen test	43.75
	91110	Gi tract capsule endoscopy	#
	91122	Anal pressure record	126.50
	91132	Electrogastrography	B.R.
	91133	Electrogastrography w/test	B.R.
	91299	Gastroenterology procedure	B.R.
	92060	Special eye evaluation	9.97
	92065	Orthoptic/pleoptic training	#
	92081	Visual field examination(s)	16.32
	92082	Visual field examination(s)	22.22
	92083	Visual field examination(s)	25.62
	92135	Ophthalmic dx imaging	14.28
	92136	Ophthalmic biometry	35.59
	92235	Eye exam with photos	59.85
	92240	Icg angiography	150.98
	92250	Eye exam with photos	35.14
	92265	Eye muscle evaluation	36.95
	92270	Electro-oculography	28.34
	92275	Electroretinography	34.91
	92283	Color vision examination	17.68
	92284	Dark adaptation eye exam	51.01
	92285	Eye photography	22.67
	92286	Internal eye photography	70.73
	92499	Eye service or procedure	B.R.
	92506	Speech/hearing evaluation	29.70
	92507	Speech/hearing therapy	17.68
	92508	Speech/hearing therapy	8.84
	92510	Rehab for ear implant	54.18
	92526	Oral function therapy	17.46
	92531	Spontaneous nystagmus study	Bundled
	92532	Positional nystagmus test	Bundled
	92533	Caloric vestibular test	Bundled
	92534	Optokinetic nystagmus test	Bundled
	92541	Spontaneous nystagmus test	18.14
	92542	Positional nystagmus test	21.08
	92543	Caloric vestibular test	11.11
	92544	Optokinetic nystagmus test	16.78

(Revised October 2004)

Memo 04-76 MAA

- F.38 -

Fee Schedule

Outpatient Hospital Services

92545	Oscillating tracking test	15.87
92546	Sinusoidal rotational test	38.54
92547	Supplemental electrical test	27.43
92548	Posturography	#
92551	Pure tone hearing test, air	10.18
92552	Pure tone audiometry, air	10.88
92553	Audiometry, air & bone	16.32
92555	Speech threshold audiometry	9.29
92556	Speech audiometry, complete	14.06
92557	Comprehensive hearing test	29.47
92567	Tympanometry	12.92
92568	Acoustic reflex testing	9.29
92569	Acoustic reflex decay test	9.97
92579	Visual audiometry (vra)	17.91
92582	Conditioning play audiometry	17.91
92584	Electrocochleography	60.98
92585	Auditor evoke potent, compre	45.11
92587	Evoked auditory test	31.96
92588	Evoked auditory test	36.05
92589	Auditory function test(s)	13.15
92597	Oral speech device eval	30.83
92601	Cochlear implt f/up exam < 7	79.34
92602	Reprogram cochlear implt < 7	55.31
92603	Cochlear implt f/up exam 7 >	52.37
92604	Reprogram cochlear implt 7 >	34.91
92605	Eval for nonspeech device rx	Bundled
92606	Non-speech device service	Bundled
92607	Ex for speech device rx, 1hr	74.81
92608	Ex for speech device rx addl	16.32
92609	Use of speech device service	37.41
92610	Evaluate swallowing function	80.25
92611	Motion fluoroscopy/swallow	80.25
92700	Ent procedure/service	B.R.
92978	Intravasc us, heart add-on	109.27
92979	Intravasc us, heart add-on	55.09
93000	Electrocardiogram, complete	16.10
93005	Electrocardiogram, tracing	10.65
93012	Transmission of ecg	56.65
93017	Cardiovascular stress test	40.81
93024	Cardiac drug stress test	27.20
93025	Microvolt t-wave assess	#
93040	Rhythm ECG with report	8.61
93041	Rhythm ECG, tracing	3.63
93225	ECG monitor/record, 24 hrs	29.92
93226	ECG monitor/report, 24 hrs	52.82
93231	Ecg monitor/record, 24 hrs	36.95
93232	ECG monitor/report, 24 hrs	52.37
93236	ECG monitor/report, 24 hrs	62.57
93270	ECG recording	29.92
93271	Ecg/monitoring and analysis	141.69
93278	ECG/signal-averaged	28.34
93303	Echo transthoracic	92.95

(Revised October 2004)

Memo 04-76 MAA

- F.39 -

Fee Schedule

Outpatient Hospital Services

93304	Echo transthoracic	47.15
93307	Echo exam of heart	92.95
93308	Echo exam of heart	47.15
93312	Echo transesophageal	92.04
93314	Echo transesophageal	92.04
93315	Echo transesophageal	86.60
93317	Echo transesophageal	86.60
93318	Echo transesophageal intraop	B.R.
93320	Doppler echo exam, heart	41.71
93321	Doppler echo exam, heart	27.20
93325	Doppler color flow add-on	70.50
93350	Echo transthoracic	42.85
93501	Right heart catheterization	407.83
93505	Biopsy of heart lining	48.51
93508	Cath placement, angiography	301.51
93510	Left heart catheterization	891.61
93511	Left heart catheterization	868.03
93514	Left heart catheterization	868.03
93524	Left heart catheterization	1,134.41
93526	Rt & Lt heart catheters	1,165.69
93527	Rt & Lt heart catheters	1,134.41
93528	Rt & Lt heart catheters	1,134.41
93529	Rt, Lt heart catheterization	1,134.41
93530	Rt heart cath, congenital	407.83
93531	R & I heart cath, congenital	1,165.69
93532	R & I heart cath, congenital	1,134.41
93533	R & I heart cath, congenital	1,134.41
93555	Imaging, cardiac cath	150.53
93556	Imaging, cardiac cath	236.90
93561	Cardiac output measurement	12.92
93562	Cardiac output measurement	8.16
93571	Heart flow reserve measure	109.27
93572	Heart flow reserve measure	55.09
93600	Bundle of His recording	47.38
93602	Intra-atrial recording	26.98
93603	Right ventricular recording	40.81
93609	Map tachycardia, add-on	65.52
93610	Intra-atrial pacing	33.10
93612	Intraventricular pacing	39.22
93613	Electrophys map 3d, add-on	233.50
93615	Esophageal recording	7.71
93616	Esophageal recording	7.71
93618	Heart rhythm pacing	95.67
93619	Electrophysiology evaluation	185.89
93620	Electrophysiology evaluation	203.12
93621	Electrophysiology evaluation	83.65
93622	Electrophysiology evaluation	131.71
93623	Stimulation, pacing heart	112.90
93624	Electrophysiologic study	48.06
93631	Heart pacing, mapping	152.80
93640	Evaluation heart device	172.75
93641	Electrophysiology evaluation	172.75

Outpatient Hospital Services

93642	Electrophysiology evaluation	172.75
93660	Tilt table evaluation	38.99
93662	Intracardiac ecg (ice)	B.R.
93701	Bioimpedance, thoracic	#
93721	Plethysmography tracing	17.46
93724	Analyze pacemaker system	95.67
93731	Analyze pacemaker system	12.02
93732	Analyze pacemaker system	12.47
93733	Telephone analy, pacemaker	17.91
93734	Analyze pacemaker system	8.39
93735	Analyze pacemaker system	10.88
93736	Telephonic analy, pacemaker	15.64
93740	Temperature gradient studies	Bundled
93741	Analyze ht pace device sngl	16.10
93742	Analyze ht pace device sngl	16.10
93743	Analyze ht pace device dual	17.68
93744	Analyze ht pace device dual	16.10
93770	Measure venous pressure	Bundled
93786	Ambulatory BP recording	21.08
93799	Cardiovascular procedure	B.R.
93875	Extracranial study	38.31
93880	Extracranial study	97.25
93882	Extracranial study	69.82
93886	Intracranial study	101.11
93888	Intracranial study	68.92
93922	Extremity study	44.43
93923	Extremity study	69.37
93924	Extremity study	86.83
93925	Lower extremity study	113.35
93926	Lower extremity study	81.16
93930	Upper extremity study	91.36
93931	Upper extremity study	66.42
93965	Extremity study	42.17
93970	Extremity study	92.95
93971	Extremity study	67.10
93975	Vascular study	127.41
93976	Vascular study	75.49
93978	Vascular study	83.65
93979	Vascular study	61.66
93980	Penile vascular study	106.32
93981	Penile vascular study	107.91
93990	Doppler flow testing	80.48
94010	Breathing capacity test	14.51
94060	Evaluation of wheezing	24.48
94070	Evaluation of wheezing	65.97
94150	Vital capacity test	Bundled
94200	Lung function test (MBC/MVV)	9.75
94240	Residual lung capacity	15.19
94250	Expired gas collection	14.28
94260	Thoracic gas volume	12.92
94350	Lung nitrogen washout curve	16.10
94360	Measure airflow resistance	14.96

Outpatient Hospital Services

94370	Breath airway closing volume	14.96
94375	Respiratory flow volume loop	12.02
94400	CO2 breathing response curve	17.68
94450	Hypoxia response curve	13.15
94620	Pulmonary stress test/simple	52.59
94621	Pulm stress test/complex	39.22
94680	Exhaled air analysis, o2	42.62
94681	Exhaled air analysis, o2/co2	60.53
94690	Exhaled air analysis	45.34
94720	Monoxide diffusing capacity	22.22
94725	Membrane diffusion capacity	67.33
94750	Pulmonary compliance study	30.15
94770	Exhaled carbon dioxide test	38.54
94772	Breath recording, infant	97.32
94799	Pulmonary service/procedure	B.R.
95805	Multiple sleep latency test	363.63
95806	Sleep study, unattended	#
95807	Sleep study, attended	262.97
95808	Polysomnography, 1-3	282.24
95810	Polysomnography, 4 or more	370.65
95811	Polysomnography w/cpap	401.49
95812	Eeg, 41-60 minutes	81.39
95813	Eeg, over 1 hour	98.84
95816	Eeg, awake and drowsy	63.25
95819	Eeg, awake and asleep	75.94
95822	Eeg, coma or sleep only	91.81
95824	Eeg, cerebral death only	9.97
95827	Eeg, all night recording	55.31
95829	Surgery electrocorticogram	664.23
95831	Limb muscle testing, manual	9.52
95832	Hand muscle testing, manual	9.52
95833	Body muscle testing, manual	16.10
95834	Body muscle testing, manual	20.40
95851	Range of motion measurements	5.67
95852	Range of motion measurements	3.85
95858	Tensilon test & myogram	9.75
95860	Muscle test, one limb	24.03
95861	Muscle test, 2 limbs	18.14
95863	Muscle test, 3 limbs	22.67
95864	Muscle test, 4 limbs	43.30
95867	Muscle test cran nerv unilat	14.06
95868	Muscle test cran nerve bilat	17.00
95869	Muscle test, thor paraspinal	5.44
95870	Muscle test, nonparaspinal	5.44
95872	Muscle test, one fiber	14.74
95875	Limb exercise test	24.03
95900	Motor nerve conduction test	25.62
95903	Motor nerve conduction test	22.22
95904	Sense nerve conduction test	22.44
95920	Intraop nerve test add-on	31.28
95921	Autonomic nerv function test	8.84
95922	Autonomic nerv function test	8.84

(Revised October 2004)

Memo 04-76 MAA

- F.42 -

Fee Schedule

Outpatient Hospital Services

	95923	Autonomic nerv function test	39.45
	95925	Somatosensory testing	21.99
	95926	Somatosensory testing	21.99
	95927	Somatosensory testing	21.99
	95930	Visual evoked potential test	29.47
	95933	Blink reflex test	19.27
	95934	H-reflex test	5.44
	95936	H-reflex test	5.44
	95937	Neuromuscular junction test	8.16
	95950	Ambulatory eeg monitoring	95.67
	95951	EEG monitoring/videorecord	854.89
	95953	EEG monitoring/computer	153.48
	95954	EEG monitoring/giving drugs	75.26
	95955	EEG during surgery	48.29
	95956	Eeg monitoring, cable/radio	302.19
	95957	EEG digital analysis	41.49
	95958	EEG monitoring/function test	42.39
	95961	Electrode stimulation, brain	31.28
	95962	Electrode stim, brain add-on	31.28
PA	95965	Meg, spontaneous	B.R.
PA	95966	Meg, evoked, single	B.R.
PA	95967	Meg, evoked, each add'l	B.R.
	96000	Motion analysis, video/3d	#
	96001	Motion test w/ft press meas	#
	96002	Dynamic surface emg	#
	96003	Dynamic fine wire emg	#
	96567	Photodynamic tx, skin	#
	97001	Pt evaluation	38.77
	97002	Pt re-evaluation	19.50
	97003	Ot evaluation	37.41
	97004	Ot re-evaluation	#
	97005	Athletic train eval	#
	97006	Athletic train reeval	#
LE	97010	Hot or cold packs therapy	Bundled
LE	97012	Mechanical traction therapy	9.07
LE	97014	Electric stimulation therapy	8.61
LE	97016	Vasopneumatic device therapy	8.61
LE	97018	Paraffin bath therapy	4.08
LE	97020	Microwave therapy	2.95
LE	97022	Whirlpool therapy	9.07
LE	97024	Diathermy treatment	3.63
LE	97026	Infrared therapy	2.95
LE	97028	Ultraviolet therapy	3.63
LE	97032	Electrical stimulation	9.52
LE	97033	Electric current therapy	12.70
LE	97034	Contrast bath therapy	8.61
LE	97035	Ultrasound therapy	7.48
LE	97036	Hydrotherapy	14.06
LE	97039	Physical therapy treatment	7.03
LE	97110	Therapeutic exercises	17.46
LE	97112	Neuromuscular reeducation	17.46
LE	97113	Aquatic therapy/exercises	19.95

(Revised October 2004)

Memo 04-76 MAA

- F.43 -

Fee Schedule

Outpatient Hospital Services

LE	97116	Gait training therapy	14.96
LE	97124	Massage therapy	13.38
LE	97139	Physical medicine procedure	9.52
LE	97140	Manual therapy	16.10
LE	97150	Group therapeutic procedures	10.65
	97504	Orthotic training	18.59
LE	97520	Prosthetic training	17.00
LE	97530	Therapeutic activities	17.68
LE	97532	Cognitive skills development	14.96
LE	97533	Sensory integration	15.64
LE	97535	Self care mngment training	18.14
LE	97537	Community/work reintegration	16.55
	97542	Wheelchair mngment training	#
	97545	Work hardening	#
	97546	Work hardening, add-on	#
	97601	Wound(s) care, selective	23.58
	97602	Wound(s) care non-selective	19.50
	97703	Prosthetic checkout	15.42
LE	97750	Physical performance test	17.46
PA	97755	Assistive technology assess	21.08
	97799	Physical medicine procedure	B.R.
	97802	Medical nutrition, indiv, in	10.88
	97803	Med nutrition, indiv, subseq	10.88
	97804	Medical nutrition, group	4.53
	99091	Collect/review data from pt	Bundled
	A4641	Diagnostic imaging agent	B.R.
	A4642	Satumomab pendetide per dose	B.R.
	A4643	High dose contrast MRI	B.R.
	A4644	Contrast 100-199 MGs iodine	B.R.
	A4645	Contrast 200-299 MGs iodine	B.R.
	A4646	Contrast 300-399 MGs iodine	B.R.
	A4647	Supp- paramagnetic contr mat	Bundled
	A9500	Technetium TC 99m sestamibi	80.00
	A9502	Technetium TC99M tetrofosmin	B.R.
	A9503	Technetium TC 99m medronate	B.R.
	A9504	Technetium tc 99m apcitide	B.R.
	A9505	Thallous chloride TL 201/mci	34.00
	A9507	Indium/111 capromab pendetid	B.R.
	A9508	Iobenguane sulfate I-131	B.R.
	A9510	Technetium TC99m Disofenin	B.R.
	A9511	Technetium TC 99m depreotide	B.R.
	A9512	Technetiumtc99mperotechnetate	B.R.
	A9513	Technetium tc-99m mebrofenin	B.R.
	A9514	Technetiumtc99mpyrophosphate	B.R.
	A9515	Technetium tc-99m pentetate	B.R.
	A9516	I-123 sodium iodide capsule	B.R.
	A9517	Th I131 so iodide cap millic	B.R.
	A9519	Technetiumtc-99mmacroag albu	B.R.
	A9520	Technetiumtc-99m sulfur cld	B.R.
	A9521	Technetiumtc-99m exametazine	B.R.
	A9522	Indium111ibritumomabtiuxetan	B.R.
	A9523	Yttrium90ibritumomabtiuxetan	B.R.

(Revised October 2004)

Memo 04-76 MAA

- F.44 -

Fee Schedule

Outpatient Hospital Services

	A9524	Iodinated I-131 serumalbumin	B.R.
	A9526	Ammonia N-13, per dose	B.R.
	A9528	Dx I131 so iodide cap millic	B.R.
	A9529	Dx I131 so iodide sol millic	B.R.
	A9530	Th I131 so iodide sol millic	B.R.
	A9531	Dx I131 so iodide microcurie	B.R.
	A9532	I-125 serum albumin micro	B.R.
	A9533	I-131 tositumomab diagnostic	B.R.
	A9534	I-131 tositumomab therapeut	B.R.
	A9600	Strontium-89 chloride	B.R.
	A9603	I-131 sodium iodide cap millic	B.R.
	A9605	Samarium sm153 lexidronamm	B.R.
	A9699	Noc therapeutic radiopharm	#
	A9700	Echocardiography Contrast	B.R.
	G0001	Drawing blood for specimen	2.45
PA	G0030	PET imaging prev PET single	1,179.38
PA	G0031	PET imaging prev PET multple	1,503.13
PA	G0032	PET follow SPECT 78464 singl	1,185.22
PA	G0033	PET follow SPECT 78464 mult	1,503.13
PA	G0034	PET follow SPECT 76865 singl	1,185.22
PA	G0035	PET follow SPECT 78465 mult	1,503.13
PA	G0036	PET follow cornry angio sing	1,179.38
PA	G0037	PET follow cornry angio mult	1,503.13
PA	G0038	PET follow myocard perf sing	1,179.38
PA	G0039	PET follow myocard perf mult	1,508.98
PA	G0040	PET follow stress echo singl	1,179.38
PA	G0041	PET follow stress echo mult	1,503.13
PA	G0042	PET follow ventriculogm sing	1,179.38
PA	G0043	PET follow ventriculogm mult	1,503.13
PA	G0044	PET following rest ECG singl	1,179.38
PA	G0045	PET following rest ECG mult	1,503.13
PA	G0046	PET follow stress ECG singl	1,179.38
PA	G0047	PET follow stress ECG mult	1,503.13
	G0103	Psa, total screening	20.48
	G0106	Colon CA screen;barium enema	53.73
	G0107	CA screen; fecal blood test	3.62
	G0120	Colon ca scrn; barium enema	53.73
	G0122	Colon ca scrn; barium enema	52.59
EPA	G0125	PET image pulmonary nodule	1,185.22
	G0130	Single energy x-ray study	19.50
	G0202	Screeningmammographydigital	59.85
	G0204	Diagnosticmammographydigital	58.94
	G0206	Diagnosticmammographydigital	47.38
EPA	G0210	PET img wholebody dxlung	1,219.78
EPA	G0211	PET img wholbody init lung	1,219.78
EPA	G0212	PET img wholebod restag lung	1,219.78
EPA	G0213	PET img wholbody dx	1,219.78
EPA	G0214	PET img wholebod init	1,219.78
EPA	G0215	PETimg wholebod restag	1,219.78
EPA	G0216	PET img wholebod dx melanoma	1,219.78
EPA	G0217	PET img wholebod init melan	1,219.78
EPA	G0218	PET img wholebod restag mela	1,219.78

(Revised October 2004)

Memo 04-76 MAA

- F.45 -

Fee Schedule

Outpatient Hospital Services

EPA	G0219	PET img wholbod melano nonco	#
EPA	G0220	PET img wholebod dx lymphoma	1,219.78
EPA	G0221	PET imag wholbod init lympho	1,219.78
EPA	G0222	PET imag wholbod resta lymph	1,219.78
EPA	G0223	PET imag wholbod reg dx head	1,219.78
EPA	G0224	PET imag wholbod reg ini hea	1,219.78
EPA	G0225	PET whol restag headneckonly	1,219.78
EPA	G0226	PET img wholbody dx esophagl	1,219.78
EPA	G0227	PET img wholbod ini esophage	1,219.78
EPA	G0228	PET img wholbod restg esopha	1,219.78
EPA	G0229	PET img metaboloc brain pres	1,219.78
EPA	G0230	PET myocard viability post	1,219.78
EPA	G0231	PET WhBD colorec; gamma cam	1,219.78
EPA	G0232	PET whbd lymphoma; gamma cam	1,219.78
EPA	G0233	PET whbd melanoma; gamma cam	1,219.78
EPA	G0234	PET WhBD pulm nod; gamma cam	1,219.78
EPA	G0237	Therapeutic procd strg endur	#
EPA	G0238	Oth resp proc, indiv	#
	G0242	Multisource photon ster plan	BR
	G0243	Multisour photon stero treat	BR
EPA	G0239	Oth resp proc, group	#
EPA	G0252	PET imaging initial dx	#
EPA	G0253	PET image brst dection recur	1,526.26
EPA	G0254	PET image brst eval to tx	1,526.26
EPA	G0255	Current percep threshold tst	#
EPA	G0265	Cryopreservation Freeze+stora	#
EPA	G0266	Thawing + expansion froz cel	#
EPA	G0275	Renal angio, cardiac cath	#
EPA	G0278	Iliac art angio,cardiac cath	#
EPA	G0279	Excorp shock tx, elbow epi	#
EPA	G0280	Excorp shock tx other than	#
EPA	G0288	Recon, CTA for surg plan	#
EPA	G0295	Electromagnetic therapy onc	#
EPA	G0296	PET imge restag thyrod cance	B.R.
	G0306	CBC/diffwbc w/o platelet	8.66
	G0307	CBC without platelet	7.20
	G0328	Fecal blood scrn immunoassay	14.42
	G0329	Electromagnitic tx for ulcers	#
	P3000	Screen pap by tech w md supv	14.76
	P9612	Catheterize for urine spec	2.45
	Q0111	Wet mounts/ w preparations	4.75
	Q0112	Potassium hydroxide preps	4.75
	Q0113	Pinworm examinations	6.03
	Q0114	Fern test	7.96
	Q0115	Post-coital mucous exam	11.02
	Q1001	Ntrol category 1	50.00
	Q1002	Ntrol category 2	50.00
	Q3002	Gallium ga 67	B.R.
	Q3003	Technetium tc99m bicisate	B.R.
	Q3004	Xenon xe 133	B.R.
	Q3005	Technetium tc99m mertiatide	B.R.
	Q3006	Technetium tc99m glucepatate	B.R.

(Revised October 2004)

Memo 04-76 MAA

- F.46 -

Fee Schedule

Outpatient Hospital Services

Q3007	Sodium phosphate p32	B.R.
Q3008	Indium 111-in pentetreotide	B.R.
Q3009	Technetium tc99m oxidronate	B.R.
Q3010	Technetium tc99mlabeledrbcs	B.R.
Q3011	Chromic phosphate p32	B.R.
Q3012	Cyanocobalamin cobalt co57	B.R.
Q3014	Telehealth facility fee	\$ 20.00
S3600	Stat lab	3.35
S3625	Maternal triple screen test	#
S3820	Comp BRCA1/BRCA2	#
S3822	Sing mutation brst/ovar	#
S3823	3 mutation brst/ovar	#
S3828	Comp MLH1 gene	#
S3829	Comp MLH2 gene	#
S3833	Comp APC sequence	#
S3834	Sing mutation APC	#
S3840	DNA analysis RET-oncogene	#
S3841	Gene test retinoblastoma	#
S3842	Gene test Hippel-Lindau	#
S3843	DNA analysis factor v	#
S3844	DNA analysis deafness	#
S3845	Gene test alpha-thalassemia	#
S3846	Gene test beta-thalassemia	#
S3847	Gene test Tay-Sachs	#
S3848	Gene test Gaucher	#
S3849	Gene test Niemann-Pick	#
S3850	Gene test sickle cell	#
S3851	Gene test canavan	#
S3852	DNA analysis APOE alzheimer	#
S3853	Gene test myo musclr dyst	#
S5108	Homecare train pt 15 min	#
S5109	Homecare train pt session	#
S8075	CAD of digital mammogr	#
S8990	Pt or manip for maint	#
V2785	Corneal tissue processing	1,850.00

** = discontinued for dos on and after

12/1/04, see G0001

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